Image# 12951372971 PAGE 1 / 109

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MVP Health Care Inc. F	ederal PAC		1
ADDRESS (number and street)	625 State Street		
Check if different			
than previously reported. (ACC)	Schenectady		NY 12305 -
2. FEC IDENTIFICATION NUI	MBER ▼ CIT	TY 🛦	STATE ▲ ZIP CODE ▲
C C00431429		S THIS NEW REPORT (N) OI	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report	20 (M2) May 20 (M	5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On: Mar	20 (M3) Jun 20 (M	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1 July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2	PRE-Election Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3	3)		
January 31 Year-End Report (YE	Electio	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electio	on on	in the State of
5. Covering Period 07	01 2011	through 12	M / D D / Y Y Y Y Y Y 31 2011
I certify that I have examined this	Report and to the best of	my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasurer	Frank Fanshawe		
Signature of Treasurer Frank	Fanshawe	[Electronically Filed]	Date 04 11 2012
NOTE: Submission of false, erroned	ous, or incomplete information	n may subject the person signing	g this Report to the penalties of 2 U.S.C. §437g.
Office			FEC FORM 3X
Use Only			Rev. 12/2004

SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		. 450 _
MVP Health Care Inc. Federal PA	AC .	
Report Covering the Period: From:	07 01 2011 To:	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		45440.34
(b) Cash on Hand at Beginning of Reporting Period	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 multi	icandidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Ν	Л١	/P	Health	Care	Inc	Federal	PAC
11	V١	<i>,</i> ,	i icaiui	Care	III IU.	ı cucıaı	$I \wedge C$

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:	·	
(a) Individuals/Persons Other		
Than Political Committees	45500.00	25780.00
(i) Itemized (use Schedule A)	15560.00	25760.00
(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
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		·
(a) Non-Federal Account	0.00	
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Leviii i unus (iioin ochedule 110)	7	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	29355.00	51584.C
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	29355.00	51584.0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period		
1. Ope (a)	erating Expenditures: Allocated Federal/Non-Federal	Total Tillo Tollou	Calendar Year-to-Date	
	Activity (from Schedule H4)	0.00	0.00	
	(i) Federal Share	0.00	0.00	
	(ii) Non-Federal Share	0.00	0.00	
(b)	Other Federal Operating	0.00	0.00	
(c)	Expenditures Total Operating Expenditures	0.00	0.00	
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00	
	nsfers to Affiliated/Other Party	0.00	0.00	
Con	nmitteestributions to	0.00	0.00	
and	eral Candidates/Committees Other Political Committees	7750.00	32450.00	
	ependent Expenditures	0.00	0.00	
. Coo	Schedule E)	0.00	0.00	
(2 L (use	J.S.C. §441a(d)) Schedule F)	0.00	0.00	
Loai	n Repayments Made	0.00	0.00	
	an Mada	0.00	0.00	
Refu	ns Made unds of Contributions To: Individuals/Persons Other	0.00	0.00	
(a)	Than Political Committees	0.00	0.00	
(b)	Political Party Committees	0.00	0.00	
(c)	Other Political Committees	0.00	0.00	
	(such as PACs)	0.00	0.00	
(d)	Total Contribution Refunds	0.00		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00	
. Othe	er Disbursements	0.00	0.00	
Fed	eral Election Activity (2 U.S.C. §431(20))			
	Allocated Federal Election Activity			
	(from Schedule H6)	0.00	0.00	
	(i) Federal Share	3.55		
	(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	
Tota	al Disbursements (add Lines 21(c), 22,			
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	7750.00	32450.00	
	I Federal Disbursements			
	otract Line 21(a)(ii) and Line 30(a)(ii)		201-1-2	
from	1 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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	29355.00	51584.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29355.00	51584.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Amorosi Date of Receipt Mailing Address 57 Niskayuna Street 2011 10 20 City Zip Code State Transaction ID: SA11AI.11927 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Manager, Medicare Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Amorosi Date of Receipt Mailing Address 57 Niskayuna Street 2011 11 03 City State Zip Code Transaction ID: SA11AI.11928 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Manager, Medicare Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Amorosi Date of Receipt Mailing Address 57 Niskayuna Street 11 17 2011 City State Zip Code Transaction ID: SA11AI.11929 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Manager, Medicare Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Amorosi Date of Receipt Mailing Address 57 Niskayuna Street 01 2011 12 City Zip Code State Transaction ID: SA11AI.11930 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Manager, Medicare Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Amorosi Date of Receipt Mailing Address 57 Niskayuna Street 2011 12 15 City State Zip Code Transaction ID: SA11AI.11931 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Manager, Medicare Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Amorosi Date of Receipt Mailing Address 57 Niskayuna Street 12 29 2011 City State Zip Code Transaction ID: SA11AI.11932 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Manager, Medicare Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Nancy Arena Date of Receipt Mailing Address 126 Woodgreen Drive 20 2011 10 City Zip Code State Transaction ID: SA11AI.11940 NY Pittsford 14534 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Dir., Acct. Mgmt. & Broker Admin. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nancy Arena Date of Receipt Mailing Address 126 Woodgreen Drive 2011 11 03 City State Zip Code Transaction ID: SA11AI.11941 NY Pittsford 14534 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc Dir., Acct. Mgmt. & Broker Admin. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Nancy Arena Date of Receipt Mailing Address 126 Woodgreen Drive M M 17 11 2011 City Zip Code State Transaction ID: SA11AI.11942 NY Pittsford 14534 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc Dir., Acct. Mgmt. & Broker Admin. Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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l	(check only one)									
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l		13		14		15		16	6	17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Nancy Arena Mailing Address 126 Woodgreen Drive		Date of Receipt
		12 01 2011
City	State Zip Code	Transaction ID : SA11AI.11943
Pittsford	NY 14534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	1
MVP Health Care, Inc	Dir., Acct. Mgmt. & Broker Admin.	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	2-10.00	Date of Date of
Mailing Address 126 Woodgreen Drive		Date of Receipt 12 15 2011
City	State Zip Code	Transaction ID : SA11AI.11944
Pittsford	NY 14534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	1
MVP Health Care, Inc	Dir., Acct. Mgmt. & Broker Admin.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Nancy Arena		Date of Receipt
Mailing Address 126 Woodgreen Drive		12 29 / 2011
City Pittsford	State Zip Code NY 14534	Transaction ID : SA11AI.11945 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP Health Care, Inc	Dir., Acct. Mgmt. & Broker Admin.	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional).		30.00
TOTAL This Period (last page this line number	er only)	

						PAGE	1	0	OF	109
Use separate schedule(s) for each category of the	(check only one)									
Detailed Summary Page	×	11a		11b		11c		12		
, ,		13		14		15		16		17

Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any per- ng the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 157 Old Hyde Road		Date of Receipt
City	State Zip Code	08 26 2011
Weston	CT 06883	Transaction ID : SA11AI.11949 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer MVP Health Care, Inc.	Occupation Corporate VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 157 Old Hyde Road	'	Date of Receipt
		09 09 2011
City	State Zip Code	Transaction ID : SA11AI.11950
Weston FEC ID number of contributing federal political committee.	CT 06883	Amount of Each Receipt this Period 60.00
Name of Employer MVP Health Care, Inc.	Occupation Corporate VP	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)	1	
Karla Austen Mailing Address 157 Old Hyde Road		Date of Receipt 09 23 2011
City Weston	State Zip Code CT 06883	Transaction ID : SA11AI.11951
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	Corporate VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (options	al)	180.00
	<u>·</u>	
FOTAL This Period (last page this line nur	mber only)	

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

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 07 2011 10 City State Zip Code Transaction ID: SA11AI.11952 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Corporate VP Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 10 2011 21 City State Zip Code Transaction ID: SA11AI.11953 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corporate VP Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 04 11 2011 City State Zip Code Transaction ID: SA11AI.11954 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation Corporate VP MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 2011 11 18 City State Zip Code Transaction ID: SA11AI.11955 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Corporate VP Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road 2011 12 02 City State Zip Code Transaction ID: SA11AI.11956 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corporate VP Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karla Austen Date of Receipt Mailing Address 157 Old Hyde Road M M / 12 16 2011 City State Zip Code Transaction ID: SA11AI.11957 CT Weston 06883 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation Corporate VP MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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e e	X 11a	11b	11c	12	
	13	14	15	16	17

	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Sue Brown Mailing Address 9 Wembly Ct. City Delmar FEC ID number of contributing	State Zip Code NY 12054	Date of Receipt 11 03 2011 Transaction ID: SA11AI.12043 Amount of Each Receipt this Period 30.00
federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, EPMO Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Sue Brown Mailing Address 9 Wembly Ct. City	State Zip Code	Date of Receipt 11 17 2011 Transaction ID: SA11AI.12044
Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary Other (specify)	NY 12054 C Occupation VP, EPMO Aggregate Year-to-Date ▼ 280.00	Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Sue Brown Mailing Address 9 Wembly Ct. City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12054 C Occupation VP, EPMO Aggregate Year-to-Date ▼	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 numb	er only)	

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FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Jennifer Cenzano Date of Receipt Mailing Address 1177 North Rd. 30 2011 07 City Zip Code State Transaction ID: SA11AI.12067 NY W. Glenville 12010 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Director of Accounting Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Davis Date of Receipt Mailing Address 121 Meriline Ave. 2011 12 01 City State Zip Code Transaction ID: SA11AI.12141 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura Davis Date of Receipt Mailing Address 121 Meriline Ave. M M / 12 15 2011 City Zip Code State Transaction ID: SA11AI.12142 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Clinical Pharmacist MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 290.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laura Davis Date of Receipt Mailing Address 121 Meriline Ave. 2011 12 29 City Zip Code State Transaction ID: SA11AI.12143 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Clinical Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 09 2011 22 City State Zip Code Transaction ID: SA11AI.12150 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 06 10 2011 City Zip Code State Transaction ID: SA11AI.12151 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any press of any political committed	person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC		
Full Name (Last, First, Middle Initial) Patricia DeFerio Mailing Address 7723 Majestic Dr City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State NY C Occupation Regional Netw Aggregate Ye		Date of Receipt 10 20 2011 Transaction ID: SA11AI.12152 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) B. Patricia DeFerio Mailing Address 7723 Majestic Dr			Date of Receipt 11 03 2011
City Liverpool FEC ID number of contributing	State NY	Zip Code 13090	Transaction ID : SA11AI.12153 Amount of Each Receipt this Period 40.00
federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Regional Netw Aggregate Ye		100
Full Name (Last, First, Middle Initial) C. Patricia DeFerio Mailing Address 7723 Majestic Dr			Date of Receipt
City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.12154 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Regional Netv Aggregate Ye		
SUBTOTAL of Receipts This Page (options	al))	120.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 01 2011 12 City Zip Code State Transaction ID: SA11AI.12155 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 2011 12 15 City State Zip Code Transaction ID: SA11AI.12156 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia DeFerio Date of Receipt Mailing Address 7723 Majestic Dr 12 29 2011 City Zip Code State Transaction ID: SA11AI.12157 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation Regional Network Director MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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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) Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place 2011 22 City State Zip Code Transaction ID: SA11AI.12191 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Corporate Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place 10 2011 06 City State Zip Code Transaction ID: SA11AI.12192 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Corporate Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) c. Frank Fanshawe Date of Receipt Mailing Address 708 Stephens Place 20 10 2011 City State Zip Code Transaction ID: SA11AI.12193 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С

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

320.00

Occupation

VP Corporate Affairs

Aggregate Year-to-Date ▼

federal political committee.

Other (specify)

General

Name of Employer

Primary

Receipt For:

MVP Health Care, Inc.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 21 OF 109

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Any information copied from such Reports and Sta or for commercial purposes, other than using the r	tements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Pa	AC	
Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12303 C Occupation VP Corporate Affairs Aggregate Year-to-Date ▼ 360.00	Date of Receipt 11 03 2011 Transaction ID: SA11AI.12194 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Frank Fanshawe Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary Other (specify) Other (specify)	State Zip Code NY 12303 C Occupation VP Corporate Affairs Aggregate Year-to-Date ▼ 400.00	Date of Receipt 11 17 2011 Transaction ID: SA11AI.12195 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Frank Fanshawe Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation VP Corporate Affairs Aggregate Year-to-Date ▼ 440.00	Date of Receipt 12 01 2011 Transaction ID : SA11AI.12196 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)	>	120.00
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Frank Fanshawe Mailing Address, 708 Stephane Place		Date of Receipt
Mailing Address 708 Stephens Place		12 15 2011
City	State Zip Code	Transaction ID : SA11AI.12197
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	VP Corporate Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Frank Fanshawe Mailing Address 708 Stephens Place		Date of Receipt
maining reactors 700 Stephens Flace		12 29 2011
City	State Zip Code	Transaction ID : SA11AI.12198
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	VP Corporate Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) C. Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Place		08 25 2011
City Slingerlands	State Zip Code NY 12159	Transaction ID : SA11AI.12233 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	EVP Network Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		140.00
TOTAL This Period (last page this line numb	er only)	1 1 40 1 1 40 1 1 40 1

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 2011 09 08 City Zip Code State Transaction ID: SA11AI.12234 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation **EVP Network Management** MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 09 2011 22 City State Zip Code Transaction ID: SA11AI.12235 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP Network Management** Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 06 10 2011 City Zip Code State Transaction ID: SA11AI.12236 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation **EVP Network Management** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 24 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 20 2011 10 City Zip Code State Transaction ID: SA11AI.12237 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP Network Management** Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 11 03 2011 City State Zip Code Transaction ID: SA11AI.12238 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP Network Management** Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 11 17 2011 City Zip Code State Transaction ID: SA11AI.12239 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation **EVP Network Management** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General

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Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be sold or used by any per ng the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC	
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		Date of Receipt
City	State Zip Code	12 01 2011
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) Mark Fish	I .	Date of Receipt
Mailing Address 500 Normanskill Place		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	12 15 2011 Transaction ID : SA11AI.12241
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	EVP Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial)	'	
. Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Place		12 292011
City	State Zip Code	Transaction ID : SA11AI.12242
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP Network Management	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	780.00	
SUBTOTAL of Receipts This Page (option	nal)	180.00
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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd City Delmar	State Zip Code NY 12054	Date of Receipt 11 18 2011 Transaction ID : SA11AI.12284 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Director, EPMO Aggregate Year-to-Date ▼ 220.00	20.00
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd City	State Zip Code	Date of Receipt 12 02 2011 Transaction ID : SA11AI.12285
Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General	NY 12054 C Occupation Director, EPMO Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 20.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd City Delmar FEC ID number of contributing	State Zip Code NY 12054	Date of Receipt 12 16 2011 Transaction ID : SA11AI.12286 Amount of Each Receipt this Period 20.00
federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Director, EPMO Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional).	•	60.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 27 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) John Gajewski Date of Receipt Mailing Address 166 Jordan Blvd 30 2011 12 City Zip Code State Transaction ID: SA11AI.12287 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation Director, EPMO MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic Galante Date of Receipt Mailing Address 220 Alexander St. 09 2011 22 City State Zip Code Transaction ID: SA11AI.12294 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dominic Galante Date of Receipt Mailing Address 220 Alexander St. 06 10 2011 City Zip Code State Transaction ID: SA11AI.12295 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Medical Quality Management MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dominic Galante Date of Receipt Mailing Address 220 Alexander St. 20 2011 10 City Zip Code State Transaction ID: SA11AI.12296 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic Galante Date of Receipt Mailing Address 220 Alexander St. 2011 11 03 City State Zip Code Transaction ID: SA11AI.12297 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dominic Galante Date of Receipt Mailing Address 220 Alexander St. 17 11 2011 City Zip Code State Transaction ID: SA11AI.12298 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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109 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dominic Galante Date of Receipt Mailing Address 220 Alexander St. 01 2011 12 City Zip Code State Transaction ID: SA11AI.12299 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dominic Galante Date of Receipt Mailing Address 220 Alexander St. 2011 12 15 City State Zip Code Transaction ID: SA11AI.12300 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dominic Galante Date of Receipt Mailing Address 220 Alexander St. 12 29 2011 City Zip Code State Transaction ID: SA11AI.12301 NY Rochester 14607 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 30 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 2011 07 City Zip Code State Transaction ID: SA11AI.12324 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 2011 07 15 City State Zip Code Transaction ID: SA11AI.12311 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 29 07 2011 City Zip Code State Transaction ID: SA11AI.12312 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Michael Gauci		Date of Receipt
Mailing Address 329 Mohawk Ave		08 12 2011
City Scotia	State Zip Code NY 12302	Transaction ID : SA11AI.12313
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation Associate Director Aggregate Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave		Date of Receipt
City Scotia	State Zip Code NY 12302	Transaction ID : SA11AI.12314 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer MVP Health Care, Inc.	Occupation Associate Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 329 Mohawk Ave		09 09 2011
City Scotia	State Zip Code NY 12302	Transaction ID : SA11AI.12315 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	-
MVP Health Care, Inc. Receipt For:	Associate Director	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	
SUBTOTAL of Receipts This Page (optional)	>	30.00
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Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any per- g the name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave		Date of Receipt
		09 23 2011
City	State Zip Code NY 12302	Transaction ID : SA11AI.12316
Scotia	IVI IZOUZ	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	Associate Director	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Michael Gauci		Date of Receipt
Mailing Address 329 Mohawk Ave		10 07 2011
City	State Zip Code NY 12302	Transaction ID : SA11AI.12317
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	Associate Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) C. Michael Gauci	<u>'</u>	Date of Receipt
Mailing Address 329 Mohawk Ave		10 21 2011
City	State Zip Code NY 12302	Transaction ID : SA11AI.12318
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	Associate Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	340.00	
SUBTOTAL of Receipts This Page (optional	al)	30.00
TOTAL This Period (last page this line nun	nber only)	

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

NAME OF COMMITTEE (In Full)

MVP Health Care Inc. Federa	IPAC	
Full Name (Last, First, Middle Initial) Michael Gauci Mailing Address 329 Mohawk Ave		Date of Receipt
City Scotia	State Zip Code NY 12302	11 04 2011 Transaction ID : SA11AI.12319 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care, Inc.	Occupation Associate Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Michael Gauci		Date of Receipt
Mailing Address 329 Mohawk Ave		11 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Scotia	State Zip Code NY 12302	Transaction ID : SA11AI.12320 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care, Inc.	Occupation Associate Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) . Michael Gauci		Date of Receipt
Mailing Address 329 Mohawk Ave		12 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Scotia	State Zip Code NY 12302	Transaction ID : SA11AI.12321 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General	Occupation Associate Director Aggregate Year-to-Date ▼	
Other (specify) ▼	370.00	
SUBTOTAL of Receipts This Page (optional).	>	30.00
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 2011 12 16 City Zip Code State Transaction ID: SA11AI.12322 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Gauci Date of Receipt Mailing Address 329 Mohawk Ave 2011 12 30 City State Zip Code Transaction ID: SA11AI.12323 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Director Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bill Geddings Date of Receipt Mailing Address 75 Robinwood Dr 12 01 2011 City Zip Code State Transaction ID: SA11AI.12336 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation **VP Health Services** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 35 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Bill Geddings Date of Receipt Mailing Address 75 Robinwood Dr 2011 12 15 City Zip Code State Transaction ID: SA11AI.12337 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Bill Geddings Date of Receipt Mailing Address 75 Robinwood Dr 12 29 2011 City State Zip Code Transaction ID: SA11AI.12338 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 80 11 2011 City Zip Code State Transaction ID: SA11AI.12357 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼

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	OTAL This Period (last page this line number only)	Ξ		7	_	Ξ	7	Ξ	_	<u>.</u>	_	

240.00

Primary

Other (specify)

General

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Rd City	State Zip Code	Date of Receipt 08 25 2011 Transaction ID: SA11AI.12358
Rochester FEC ID number of contributing federal political committee.	NY 14610 C Occupation	Amount of Each Receipt this Period 80.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	VP, Medicare Products Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Rd City	State Zip Code	Date of Receipt 09 08 2011 Transaction ID: SA11AL12359
Rochester FEC ID number of contributing federal political committee.	NY 14610	Transaction ID : SA11AI.12359 Amount of Each Receipt this Period 80.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Rd	1	Date of Receipt 09 22 2011
City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 480.00	Transaction ID : SA11AI.12360 Amount of Each Receipt this Period 80.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	240.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 06 2011 10 City State Zip Code Transaction ID: SA11AI.12361 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 10 20 2011 City State Zip Code Transaction ID: SA11AI.12362 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 03 11 2011 City Zip Code State Transaction ID: SA11AI.12363 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 2011 11 City State Zip Code Transaction ID: SA11AI.12364 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 2011 12 01 City State Zip Code Transaction ID: SA11AI.12365 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd M M / 12 15 2011 City Zip Code State Transaction ID: SA11AI.12366 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 960.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Name of Employer

Receipt For:

MVP Health Care, Inc.

Other (specify)

General

Primary

ITEMIZED RECEIPTS

SCHEDULE A (FEC Form 3X) FOR LINE NUMBER: PAGE 39 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Rd 2011 12 29 City Zip Code State Transaction ID: SA11AI.12367 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 07 14 2011 City State Zip Code Transaction ID: SA11AI.12368 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 980.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 07 28 2011 City Zip Code State Transaction ID: SA11AI.12369 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee.

SUBTOTAL of Receipts This Page (optional)	 _	7			7		22	20.00)	
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Occupation

EVP & Chief Legal Officer

Aggregate Year-to-Date ▼

1050.00

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	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date ▼ 1120.00	Date of Receipt 08 11 2011 Transaction ID: SA11AI.12370 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date ▼ 1190.00	Date of Receipt 08 25 2011 Transaction ID: SA11AI.12371 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date ▼ 1260.00	Date of Receipt 99 08 2011 Transaction ID: SA11AI.12372 Amount of Each Receipt this Period 70.00
SUBTOTAL of Receipts This Page (optional)		210.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 22 City State Zip Code Transaction ID: SA11AI.12373 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 10 06 2011 City State Zip Code Transaction ID: SA11AI.12374 Schenectady NY 12303 Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.	C	70.00
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Full Name (Last, First, Middle Initial) C. Denise Gonick	<u> </u>	Date of Receipt
Mailing Address 803 Via Marchella		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.12375
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer	Occupation	_
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1470.00	
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) M	ME OF COMMITTEE (In Full) VP Health Care Inc. Federal P	AC					
	l Name (Last, First, Middle Initial) enise Gonick				Date of Recei	ipt	
	iling Address 803 Via Marchella				M M / I	03 2011	
City		State	Zip Code			ID : SA11AI.12376	
Sch	henectady	NY	12303		Amount of Eac	ch Receipt this Period	
	C ID number of contributing eral political committee.	С			,	70.00	
Nar	me of Employer	Occupation					
MV	P Health Care, Inc.	EVP & Chie	f Legal Officer				
Rec	ceipt For:	Aggregate	Year-to-Date ▼				
	Primary General		1540.	00			
	Other (specify) ▼		1040.	.00			
	l Name (Last, First, Middle Initial) enise Gonick				Date of Recei	ipt	
Mai	iling Address 803 Via Marchella				11	17 2011	
City	/	State	Zip Code		Transaction	ID : SA11AI.12377	
Sch	henectady	NY	12303		Amount of Eac	ch Receipt this Period	
	C ID number of contributing	С				70.00	
fede	eral political committee.					10.00	
Nar	me of Employer	Occupation					
MVI	P Health Care, Inc.	EVP & Chief	Legal Officer				
Rec	ceipt For:	Aggregate	Year-to-Date ▼				
	Primary General		1610.	00			
	Other (specify) ▼		1010.	.00			
_	Name (Last, First, Middle Initial) enise Gonick				Date of Recei	ipt	_
Mai	iling Address 803 Via Marchella				M M / I	01 2011	
City		State	Zip Code		Transaction	ID : SA11AI.12378	
Scl	henectady	NY	12303		Amount of Eac	ch Receipt this Period	
	C ID number of contributing eral political committee.	С			,	70.00	
Nar	me of Employer	Occupation					
MV	P Health Care, Inc.	EVP & Chie	f Legal Officer				
Rec	peipt For:	Aggregate	Year-to-Date ▼				
	Primary General		4000	.00			
	Other (specify) ▼		1680.	7.00			
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 12 15 City Zip Code State Transaction ID: SA11AI.12379 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 2011 12 29 City State Zip Code Transaction ID: SA11AI.12380 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 1820.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 07 12 2011 City State Zip Code Transaction ID: SA11AI.12409 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 390.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC					
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway		Date of Receipt				
		07 14 2011				
City Glenville	State Zip Code NY 12302	Transaction ID : SA11Al.12396 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	10.00				
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Director, UM Aggregate Year-to-Date ▼ 260.00					
Full Name (Last, First, Middle Initial) Gale Harris Mailing Address 19 Heritage Parkway		Date of Receipt				
City Glenville FEC ID number of contributing federal political committee.	State Zip Code NY 12302	07 28 2011 Transaction ID : SA11AI.12397 Amount of Each Receipt this Period 10.00				
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Director, UM Aggregate Year-to-Date ▼ 270.00					
Full Name (Last, First, Middle Initial) C. Gale Harris Mailing Address 19 Heritage Parkway		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Glenville	State Zip Code NY 12302	Transaction ID : SA11AI.12398 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	10.00				
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Director, UM Aggregate Year-to-Date ▼ 280.00					
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 2011 08 25 City State Zip Code Transaction ID: SA11AI.12399 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Director, UM MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 09 2011 80 City State Zip Code Transaction ID: SA11AI.12400 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 09 22 2011 City State Zip Code Transaction ID: SA11AI.12401 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 310.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 46 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c

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12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 2011 10 06 City State Zip Code Transaction ID: SA11AI.12402 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Director, UM MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 10 20 2011 City State Zip Code Transaction ID: SA11AI.12403 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 03 11 2011 City State Zip Code Transaction ID: SA11AI.12404 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 340.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 47 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 2011 11 City State Zip Code Transaction ID: SA11AI.12405 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation Director, UM MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 2011 12 01 City State Zip Code Transaction ID: SA11AI.12406 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway M M / 12 15 2011 City State Zip Code Transaction ID: SA11AI.12407 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 48 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Gale Harris Date of Receipt Mailing Address 19 Heritage Parkway 2011 12 29 City State Zip Code Transaction ID: SA11AI.12408 NY Glenville 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Director, UM Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 08 2011 11 City State Zip Code Transaction ID: SA11AI.12413 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 80 25 2011 City Zip Code State Transaction ID: SA11AI.12414 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 08 2011 09 City Zip Code State Transaction ID: SA11AI.12415 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 09 2011 22 City State Zip Code Transaction ID: SA11AI.12416 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 06 10 2011 City Zip Code State Transaction ID: SA11AI.12417 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 20 2011 10 City Zip Code State Transaction ID: SA11AI.12418 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 2011 11 03 City State Zip Code Transaction ID: SA11AI.12419 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Rd 17 11 2011 City Zip Code State Transaction ID: SA11AI.12420 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	g the name and address of any political committee	
MVP Health Care Inc. Feder Full Name (Last, First, Middle Initial)	ai PAC	-
Christopher Henchey Mailing Address 144 Berry Rd		Date of Receipt
City Loudon	State Zip Code NH 03307	12 01 2011 Transaction ID : SA11Al.12421
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 80.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary Other (specify)	Occupation Vice President Aggregate Year-to-Date ▼ 880.00	
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Rd	<u>'</u>	Date of Receipt
City Loudon	State Zip Code NH 03307	Transaction ID : SA11AI.12422 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc.	Occupation Vice President	80.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Rd		Date of Receipt
City Loudon	State Zip Code NH 03307	Transaction ID : SA11AI.12423 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP Health Care, Inc.	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	
SUBTOTAL of Receipts This Page (optional	al)	240.00
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FOR LINE NUMBER: PAGE 52 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 2011 08 City Zip Code State Transaction ID: SA11AI.12428 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation EVP, Sales and Marketing MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 08 2011 26 City State Zip Code Transaction ID: SA11AI.12429 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 09 09 2011 City Zip Code State Transaction ID: SA11AI.12430 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 53 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 2011 09 23 City Zip Code State Transaction ID: SA11AI.12431 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation EVP, Sales and Marketing MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 10 2011 07 City State Zip Code Transaction ID: SA11AI.12432 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Henderson Date of Receipt Mailing Address 1 Loudon Heights South M = M 10 21 2011 City Zip Code State Transaction ID: SA11AI.12433 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Louden Heights South		Date of Receipt
Mailing Address 1 Loudon Heights South		11 04 2011
City	State Zip Code	Transaction ID : SA11AI.12434
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP, Sales and Marketing	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) 3. David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights South		11 18 2011
City	State Zip Code	Transaction ID : SA11AI.12435
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP, Sales and Marketing	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	660.00	
Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights South		12 02 2011
City Loudonville	State Zip Code NY 12211	Transaction ID : SA11AI.12436 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	EVP, Sales and Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	720.00	
SUBTOTAL of Receipts This Page (optional)	>	180.00
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 2011 12 16 City Zip Code State Transaction ID: SA11AI.12437 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Name of Employer Occupation EVP, Sales and Marketing MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Henderson Date of Receipt Mailing Address 1 Loudon Heights South 2011 12 30 City State Zip Code Transaction ID: SA11AI.12438 NY Loudonville 12211 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) Full Name (Last, First, Middle Initial) c. Allen Hinkle Date of Receipt Mailing Address 65 Jenkins Rd 30 07 2011 City Zip Code State Transaction ID: SA11AI.12456 NH Lebanon 03766 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **EVP/Chief Medical Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Dr. 2011 11 18 City Zip Code State Transaction ID: SA11AI.12482 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Dr. 2011 12 02 City State Zip Code Transaction ID: SA11AI.12483 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Rosemarie Hogan Date of Receipt Mailing Address 45 Crestwood Dr. M M 12 16 2011 City Zip Code State Transaction ID: SA11AI.12484 NY Schenectady 12306 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. **Director of Operations** Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Dr. City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12306 C Occupation Director of Operations Aggregate Year-to-Date ▼ 280.00	Date of Receipt 12 30 2011 Transaction ID: SA11AI.12485 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) James Hopsicker Mailing Address 4209 Oakdale Ct. City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation VP Pharmacy Aggregate Year-to-Date ▼ 750.00	Date of Receipt 07 30 2011 Transaction ID: SA11AI.12487 Amount of Each Receipt this Period 750.00
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Dr City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date ▼ 210.00	Date of Receipt 10 06 2011 Transaction ID: SA11AI.12528 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional	l) >	800.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 20 2011 10 City Zip Code State Transaction ID: SA11AI.12529 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 2011 11 03 City State Zip Code Transaction ID: SA11AI.12530 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 17 11 2011 City Zip Code State Transaction ID: SA11AI.12531 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP Information Technology MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 01 2011 12 City State Zip Code Transaction ID: SA11AI.12532 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP Information Technology MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kevin Husted Date of Receipt Mailing Address 38 Fox Hill Dr 12 15 2011 City State Zip Code Transaction ID: SA11AI.12533 NY Fairport 14450 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Information Technology Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) C.

	,	
Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
Mailing Address 38 Fox Hill Dr		12 29 2011
City	State Zip Code	Transaction ID : SA11AI.12534
Fairport	NY 14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.0
Name of Employer	Occupation	
MVP Health Care, Inc.	VP Information Technology	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	33 - 3 - 4 - 4 - 4 - 4 - 4	

390.00

90.00

Other (specify)

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	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12189 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 240.00	Date of Receipt M M / 09 09 2011 Transaction ID : SA11AI.12556 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12189 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 280.00	Date of Receipt 9 23 2011 Transaction ID: SA11AI.12557 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Dawn K Jablonski Mailing Address 64 Sutherland City Watervliet FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary Other (specify)	State Zip Code NY 12189 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 320.00	Date of Receipt 10 07 2011 Transaction ID: SA11AI.12558 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional	l) >	120.00
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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn K Jablonski Date of Receipt Mailing Address 64 Sutherland 2011 10 21 City Zip Code State Transaction ID: SA11AI.12559 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn K Jablonski Date of Receipt Mailing Address 64 Sutherland 2011 11 04 City State Zip Code Transaction ID: SA11AI.12560 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn K Jablonski Date of Receipt Mailing Address 64 Sutherland 11 18 2011 City Zip Code State Transaction ID: SA11AI.12561 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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62 OF 109 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Dawn K Jablonski Date of Receipt Mailing Address 64 Sutherland 2011 12 02 City Zip Code State Transaction ID: SA11AI.12562 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn K Jablonski Date of Receipt Mailing Address 64 Sutherland 2011 12 16 City State Zip Code Transaction ID: SA11AI.12563 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn K Jablonski Date of Receipt Mailing Address 64 Sutherland M M 30 12 2011 City Zip Code State Transaction ID: SA11AI.12564 NY Watervliet 12189 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP of Legal Affairs MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 560.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional).....

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	nd Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC	
Full Name (Last, First, Middle Initial) David Kadish Mailing Address (1.0) Mail		Date of Receipt
Mailing Address 44 Surrey Mall		08 09 2011
City	State Zip Code	Transaction ID : SA11AI.12606
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	†
MVP Health Care, Inc.	VP Facility Contracting	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Joseph Lia	- 1	Date of Receipt
Mailing Address 1 Summit Ct		M = M / D = D / Y = Y = Y
Suite 200	State 7's Code	10 06 2011
City	State Zip Code NY 12524	Transaction ID : SA11AI.12711
Fishkill	NY 12524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP of Mid-Hudson Region	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 1 Summit Ct Suite 200		10 20 2011
City	State Zip Code	Transaction ID : SA11AI.12712
Fishkill	NY 12524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	VP of Mid-Hudson Region	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional	ı) >	360.00
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 1 Summit Ct Suite 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary Other (specify)	State Zip Code NY 12524 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 270.00	Date of Receipt 11 03 2011 Transaction ID: SA11AI.12713 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 1 Summit Ct Suite 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12524 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 300.00	Date of Receipt 11 17 2011 Transaction ID: SA11AI.12714 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 1 Summit Ct Suite 200 City Fishkill FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12524 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 330.00	Date of Receipt 12 01 2011 Transaction ID : SA11AI.12715 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	>	90.00
TOTAL This Period (last page this line numb	per only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Joseph Lia Date of Receipt Mailing Address 1 Summit Ct Suite 200 2011 12 15 City Zip Code State Transaction ID: SA11AI.12716 NY Fishkill 12524 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP of Mid-Hudson Region Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Lia Date of Receipt Mailing Address 1 Summit Ct Suite 200 2011 12 29 City State Zip Code Transaction ID: SA11AI.12717 NY Fishkill 12524 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Mid-Hudson Region Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. William Little Date of Receipt Mailing Address 300 Partridge Ln 06 10 2011 City Zip Code State Transaction ID: SA11AI.12735 Charlotte VT 05445 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VΡ MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) William Little Mailing Address 300 Partridge Ln City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	State Zip Code VT 05445 C Occupation VP Aggregate Year-to-Date ▼	Date of Receipt 10 20 2011 Transaction ID : SA11AI.12736 Amount of Each Receipt this Period 30.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	240.00	
Mailing Address 300 Partridge Ln City	State Zip Code	Date of Receipt 11 03 2011 Transaction ID : SA11AI.12737
Charlotte FEC ID number of contributing federal political committee. Name of Employer	VT 05445 C Occupation	Amount of Each Receipt this Period 30.00
MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	VP Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) William Little Mailing Address 300 Partridge Ln	•	Date of Receipt
City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: □ Primary □ General Other (specify) ▼	State Zip Code VT 05445 C Occupation VP Aggregate Year-to-Date ▼ 300.00	Transaction ID : SA11AI.12738 Amount of Each Receipt this Period 30.00
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TOTAL This Period (last page this line numb	per only)	

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) A. William Little Mailing Address 300 Partridge Ln City Charlotte FEC ID number of contributing	State Zip Code VT 05445	Date of Receipt 12 01 2011 Transaction ID: SA11AI.12739 Amount of Each Receipt this Period
federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation VP Aggregate Year-to-Date ▼ 330.00	30.00
Full Name (Last, First, Middle Initial) William Little Mailing Address 300 Partridge Ln City Charlette	State Zip Code	Date of Receipt 12 15 2011 Transaction ID: SA11AI.12740
Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: □ Primary □ General Other (specify) ▼	VT 05445 C Occupation VP Aggregate Year-to-Date ▼ 360.00	Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) William Little Mailing Address 300 Partridge Ln City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code VT 05445 C Occupation VP Aggregate Year-to-Date ▼ 390.00	Date of Receipt 12 29 2011 Transaction ID : SA11AI.12741 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	90.00
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SCHEDULE A (FEC Form 3X)

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MVP Health Care Inc. Federal PA	'C										
Full Name (Last, First, Middle Initial) Matthew Mackinnon			ı	Date of	Red	ceipt					
Mailing Address 1523 East Avenue				м = м 12	/	16	/		2011	Y	
City	State	Zip Code			acti	on ID :	SA11/				
Rochester	NY	14610		Amount	of I	Each R	Receipt	this I	Period		
FEC ID number of contributing federal political committee.	С					,	,		20.	00	
Name of Employer	Occupation										
	/P of Netwo	ork Operations									
	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		220.00									
Salisi (spesily) V		7									
Full Name (Last, First, Middle Initial) 3. Matthew Mackinnon				Date of	Red	ceipt					
Mailing Address 1523 East Avenue				M = M	/	30	/	Y = Y	011	Y	
City	State	Zip Code			actio	on ID :	SA11 <i>A</i>				
Rochester	14610		Amount	of I	Each R	Receipt	this I	Period			
FEC ID number of contributing federal political committee.	С					,	,		20.	00	
. ,	Occupation										
	P of Netwo	ork Operations									
Receipt For: Primary General	Aggregate	Year-to-Date ▼									
Other (specify) ▼		240.00									
Full Name (Last, First, Middle Initial) C. Carl Maleri				Date of	Red	ceipt					
Mailing Address 19 Crimson Way				м = м	/	22		Y = Y	011	Υ	
City	State	Zip Code			acti	on ID :		_			
Webster	NY	14580		Amount	of I	Each R	Receipt	this I	Period		
FEC ID number of contributing federal political committee.	С					,			40.	00	
Name of Employer	Occupation										
*	/P, Underw	riting and Analysis									
Receipt For: Primary General	Aggregate	Year-to-Date ▼									
Other (specify) ▼		240.00									
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 2011 10 06 City Zip Code State Transaction ID: SA11AI.12820 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation VP, Underwriting and Analysis MVP Health Care. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 10 20 2011 City State Zip Code Transaction ID: SA11AI.12821 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 03 11 2011 City Zip Code State Transaction ID: SA11AI.12822 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Underwriting and Analysis MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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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) Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 2011 11 City State Zip Code Transaction ID: SA11AI.12823 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 12 01 2011 City State Zip Code Transaction ID: SA11AI.12824 Webster NY 14580 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Underwriting and Analysis

Full Name (Last, First, Middle Initial) C. Carl Maleri		Date of Receipt
Mailing Address 19 Crimson Way		12 15 2011
City	State Zip Code	Transaction ID : SA11AI.12825
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP Health Care, Inc.	VP, Underwriting and Analysis	

440.00

480.00

Aggregate Year-to-Date ▼

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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 2011 12 29 City State Zip Code Transaction ID: SA11AI.12826 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave. 10 2011 06 City State Zip Code Transaction ID: SA11AI.12834 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave. 20 10 2011 City State Zip Code Transaction ID: SA11AI.12835 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Marketing** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) A. Augusta Martin Mailing Address 457 Crescent Ave. City	State Zip Code	Date of Receipt 11 03 2011 Transaction ID: SA11AI.12836
Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: □ Primary □ General Other (specify) ▼	NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 270.00	Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave. City Saratoga	State Zip Code NY 12866	Date of Receipt 11 17 2011 Transaction ID : SA11AI.12837 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP Marketing Aggregate Year-to-Date ▼	30.00
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave. City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 330.00	Date of Receipt 12 01 2011 Transaction ID : SA11AI.12838 Amount of Each Receipt this Period 30.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave. 2011 12 15 City State Zip Code Transaction ID: SA11AI.12839 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave. 29 12 2011 City State Zip Code Transaction ID: SA11AI.12840 NY Saratoga 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 80 09 2011 City Zip Code State Transaction ID: SA11AI.12868 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation VP, Business Excellence MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General

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Other (specify)

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 2011 09 22 City Zip Code State Transaction ID: SA11AI.12869 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 10 2011 06 City State Zip Code Transaction ID: SA11AI.12870 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 20 10 2011 City Zip Code State Transaction ID: SA11AI.12871 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Business Excellence MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	and Statements may not be sold or used by any peng the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Dr City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 430.00	Date of Receipt 11 03 2011 Transaction ID: SA11AI.12872 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Dr City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 480.00	Date of Receipt 11 17 2011 Transaction ID: SA11AI.12873 Amount of Each Receipt this Period 50.00
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Dr City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 530.00	Date of Receipt 12 01 2011 Transaction ID: SA11AI.12874 Amount of Each Receipt this Period 50.00
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FOR LINE NUMBER: PAGE 76 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 2011 12 15 City Zip Code State Transaction ID: SA11AI.12875 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 580.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Dr 2011 12 29 City State Zip Code Transaction ID: SA11AI.12876 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) C. James Morrill Date of Receipt Mailing Address 54 Henderson Rd 80 09 2011 City Zip Code State Transaction ID: SA11AI.12902 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any per name and address of any political committee	person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Rd City Glenmont FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General	State Zip Code NY 12077 C Occupation EVP, HR Aggregate Year-to-Date ▼	Date of Receipt M
Other (specify) ▼ Full Name (Last, First, Middle Initial) 3. Richard Odorizzi	300.00	Date of Receipt
Mailing Address 71 E. Claremont Dr City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12186 C Occupation Director of Finance Aggregate Year-to-Date ▼ 220.00	Transaction ID : SA11AI.12973 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 E. Claremont Dr City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12186 C Occupation Director of Finance Aggregate Year-to-Date ▼	Date of Receipt 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	r only)	

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	and Statements may not be sold or used by any per-	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 E. Claremont Dr City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12186 C Occupation Director of Finance Aggregate Year-to-Date ▼	Date of Receipt 12 29 2011 Transaction ID : SA11AI.12975 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12205 C Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 420.00	Date of Receipt O7 14 2011 Transaction ID: SA11AI.12976 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12205 C Occupation Corp VP of Operations Aggregate Year-to-Date ▼ 450.00	Date of Receipt 07 28 2011 Transaction ID: SA11AI.12977 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional	al)	80.00
TOTAL This Period (last page this line nun	nber only)	

FOR LINE NUMBER: PAGE 79 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Orlando Date of Receipt Mailing Address 3 Clare Castle 2011 08 City Zip Code State Transaction ID: SA11AI.12978 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 08 2011 25 City State Zip Code Transaction ID: SA11AI.12979 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼ Primary General 510.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle 80 09 2011 City Zip Code State Transaction ID: SA11AI.12980 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

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

NAME OF COMMITTEE (In Full)

NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address a Class Castle		Date of Receipt
Mailing Address 3 Clare Castle		09 22 2011
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.12981 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care, Inc.	Occupation Corp VP of Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) 3. David Orlando	'	Date of Receipt
Mailing Address 3 Clare Castle		10 06 2011
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.12982 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care, Inc.	Occupation Corp VP of Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		10 20 2011
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.12983 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation Corp VP of Operations	
MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
SUBTOTAL of Receipts This Page (options	al)	90.00
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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt
		11 03 2011
City	State Zip Code	Transaction ID : SA11AI.12984
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	Corp VP of Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) 3. David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		11 17 _2011 _
City	State Zip Code	Transaction ID : SA11AI.12985
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	Corp VP of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	690.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		12 01 2011
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.12986 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	Corp VP of Operations	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	720.00	
SUBTOTAL of Receipts This Page (optional)	>	90.00
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EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	′	11b 14	11c		12 16		17
y information copied from such Reports and Statements ma	ay not be sold or used by any pe	rson fo	or the	purp	ose o	f soliciting	roo	ntributio	ons	

Any 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

/			
١.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle	7.0.1	12 15 2011 a
	City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.12987 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	MVP Health Care, Inc.	Corp VP of Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
3.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		12 29 2011
	City	State Zip Code NY 12205	Transaction ID : SA11AI.12988
	Albany	NY 12205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care, Inc.	Occupation Corp VP of Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
).	Full Name (Last, First, Middle Initial) Christopher Reiss		Date of Receipt
	Mailing Address 5 Rockwood Drive		10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Newburgh	State Zip Code NY 12550	Transaction ID : SA11AI.13090
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 10.00
	Name of Employer	Occupation	
	MVP Health Care, Inc.	Account Manager	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00	
s	UBTOTAL of Receipts This Page (optional)	>	70.00
Т	OTAL This Period (last page this line number of	nly)	

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Detailed Summary Page	X 11a 11b	11c	12	_
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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	IPAC	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive		Date of Receipt
Mailing Address 5 Rockwood Drive		11 04 2011
City	State Zip Code	Transaction ID : SA11AI.13091
Newburgh	NY 12550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP Health Care, Inc.	Account Manager	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	220.00	
Christopher Reiss Mailing Address 5 Rockwood Drive		Date of Receipt 11 18 2011
City	State Zip Code	Transaction ID : SA11AI.13092
Newburgh	NY 12550	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP Health Care, Inc.	Account Manager	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) Christopher Reiss		Date of Receipt
Mailing Address 5 Rockwood Drive	7.0	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Newburgh	State Zip Code NY 12550	Transaction ID : SA11AI.13093 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	-
MVP Health Care, Inc.	Account Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional).		30.00
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X)

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Any information copied from such Reports and State or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC	
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive City Newburgh FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12550 C Occupation Account Manager Aggregate Year-to-Date ▼	Date of Receipt 12 16 2011 Transaction ID: SA11AI.13094 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Christopher Reiss Mailing Address 5 Rockwood Drive City Newburgh FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12550 C Occupation Account Manager Aggregate Year-to-Date ▼ 260.00	Date of Receipt 12 30 2011 Transaction ID: SA11AI.13095 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation VP of Medicaid & Safety Net Prods. Aggregate Year-to-Date ▼ 220.00	Date of Receipt 12
SUBTOTAL of Receipts This Page (optional)		40.00
TOTAL This Period (last page this line number o	nly)	

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	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Jennifer Rice Mailing Address 22 Hemlock Drive City Clifton Park FEC ID number of contributing federal political committee.	State Zip Code NY 12065	Date of Receipt 12 30 2011 Transaction ID: SA11AI.13123 Amount of Each Receipt this Period 20.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP of Medicaid & Safety Net Prods. Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Thomas F. Ryan Mailing Address 24 Bluestone Ridge City	State Zip Code	Date of Receipt 09 23 2011 Transaction ID : SA11AI.13209
Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	NY 12065 C Occupation VP of Underwriting Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 30.00
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Thomas F. Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	State Zip Code NY 12065 C Occupation VP of Underwriting Aggregate Year-to-Date ▼	Date of Receipt 10 07 2011 Transaction ID: SA11AI.13210 Amount of Each Receipt this Period 30.00
Primary General Other (specify) ▼	240.00	20.00
	box only)	80.00
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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Thomas F. Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee.	State Zip Code NY 12065	Date of Receipt 10 21 2011 Transaction ID: SA11AI.13211 Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation VP of Underwriting Aggregate Year-to-Date ▼ 270.00	-
Full Name (Last, First, Middle Initial) Thomas F. Ryan Mailing Address 24 Bluestone Ridge City Clifton Park	State Zip Code NY 12065	Date of Receipt 11 04 2011 Transaction ID: SA11AI.13212
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc.	Occupation VP of Underwriting	Amount of Each Receipt this Period 30.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Thomas F. Ryan Mailing Address 24 Bluestone Ridge City	State Zip Code	Date of Receipt 11 18 2011 Transaction ID: SA11AI.13213
Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	NY 12065 C Occupation VP of Underwriting Aggregate Year-to-Date ▼ 330.00	Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	>	90.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Thomas F. Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 2011 12 02 City Zip Code State Transaction ID: SA11AI.13214 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP of Underwriting MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas F. Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 2011 12 16 City State Zip Code Transaction ID: SA11AI.13215 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP of Underwriting Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas F. Ryan Date of Receipt Mailing Address 24 Bluestone Ridge M M / 30 12 2011 City Zip Code State Transaction ID: SA11AI.13216 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation VP of Underwriting MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC	
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 400 Fifth Aug.		Date of Receipt
Mailing Address 160 Fifth Ave		10 06 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.13224
Saratoga Springs	NY 12866	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	VP Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
	210.00	
Full Name (Last, First, Middle Initial) 3. Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Ave		10 20 2011
City	State Zip Code	Transaction ID : SA11AI.13225
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care, Inc.	Occupation	
Receipt For:	VP Sales	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Ave		11 03 2011
City Saratoga Springs	State Zip Code NY 12866	Transaction ID : SA11AI.13226 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	VP Sales	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	270.00	
SUBTOTAL of Receipts This Page (optional)) >	90.00
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Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Ave 2011 11 City Zip Code State Transaction ID: SA11AI.13227 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Ave 2011 12 01 City State Zip Code Transaction ID: SA11AI.13228 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Ave M M / 12 15 2011 City Zip Code State Transaction ID: SA11AI.13229 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation **VP Sales** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Daniel Sauer Date of Receipt Mailing Address 160 Fifth Ave 2011 12 29 City Zip Code State Transaction ID: SA11AI.13230 NY Saratoga Springs 12866 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Dr 09 2011 80 City State Zip Code Transaction ID: SA11AI.13378 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Dr 09 22 2011 City Zip Code State Transaction ID: SA11AI.13379 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Sales MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 290.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Dr City State Zip Code Rochester NY 14624 FEC ID number of contributing federal political committee. Name of Employer Occupation	Date of Receipt 10 06 2011 Transaction ID: SA11AI.13380 Amount of Each Receipt this Period
Tracy Tadaro-Ott Mailing Address 33 Everett Dr City State Zip Code Rochester NY 14624 FEC ID number of contributing federal political committee.	10 06 2011 Transaction ID: SA11AI.13380 Amount of Each Receipt this Period
Rochester NY 14624 FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.13380 Amount of Each Receipt this Period
Rochester NY 14624 FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	
Name of Employer Occupation	
MVP Health Care, Inc. VP, Sales	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 340.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address as Francis By	Date of Receipt
Mailing Address 33 Everett Dr	10 20 _2011 _
City State Zip Code	Transaction ID : SA11AI.13381
Rochester NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	50.00
Name of Employer MVP Health Care, Inc. VP, Sales	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott	Date of Receipt
Mailing Address 33 Everett Dr	M = M / D = D / Y = Y = Y = Y = 1
City State Zip Code Rochester NY 14624	Transaction ID : SA11AI.13382
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 50.00
Name of Employer Occupation	
MVP Health Care, Inc. VP, Sales	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 440.00	
SUBTOTAL of Receipts This Page (optional)	150.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s)		FOR LINE NUMBER: PAGE 92 OF 109 (check only one)														
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MVP Health Care, Inc.	VP, Sales																
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 490.00															
Full Name (Last, First, Middle Initial) B. Tracy Tadaro-Ott	<u> </u>		С	ate of	Re	ceipt											
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City	State NY	Zip Code		Trans													
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Other (specify)		540.00															
Full Name (Last, First, Middle Initial) C. Tracy Tadaro-Ott	'			ate of	Re	ceipt											
Mailing Address 33 Everett Dr			7	M = M	/	1:	_	Y	201	1	1						
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Name of Employer	Occupation																
MVP Health Care, Inc.	VP, Sales																
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 590.00															

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Dr 2011 12 29 City Zip Code State Transaction ID: SA11AI.13386 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name (Last, First, Middle Initial) B. AJ Tate Date of Receipt Mailing Address PO Box 10423 10 2011 21 City State Zip Code Transaction ID: SA11AI.13395 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, Medicare Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. AJ Tate Date of Receipt Mailing Address PO Box 10423 04 11 2011 City Zip Code State Transaction ID: SA11AI.13396 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Director, Medicare MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 94 OF 109 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) AJ Tate Date of Receipt Mailing Address PO Box 10423 2011 11 18 City Zip Code State Transaction ID: SA11AI.13397 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Director, Medicare Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. AJ Tate Date of Receipt Mailing Address PO Box 10423 2011 12 02 City State Zip Code Transaction ID: SA11AI.13398 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, Medicare Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. AJ Tate Date of Receipt Mailing Address PO Box 10423 M M / 12 16 2011 City Zip Code State Transaction ID: SA11AI.13399 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Director, Medicare MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) AJ Tate Date of Receipt Mailing Address PO Box 10423 30 2011 12 City Zip Code State Transaction ID: SA11AI.13400 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Director, Medicare Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 89 Massey St 10 2011 06 City State Zip Code Transaction ID: SA11AI.13464 Westfield MA 01085 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Vangraafeiland Date of Receipt Mailing Address 89 Massey St M M / 20 10 2011 City Zip Code State Transaction ID: SA11AI.13465 MA Westfield 01085 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation CIO MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 89 Massey St City Westfield FEC ID number of contributing federal political committee.	State Zip Code MA 01085	Date of Receipt 11 03 2011 Transaction ID : SA11AI.13466 Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation CIO Aggregate Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 89 Massey St City	State Zip Code	Date of Receipt 11 17 2011 Transaction ID : SA11AI.13467
Westfield FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	MA 01085 C Occupation CIO Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 30.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John Vangraafeiland	320.00	Date of Receipt
Mailing Address 89 Massey St City Westfield FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: □ Primary □ General □ Other (specify) ▼	State Zip Code MA 01085 C Occupation CIO Aggregate Year-to-Date ▼ 350.00	12 01 2011 Transaction ID: SA11AI.13468 Amount of Each Receipt this Period 30.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) John Vangraafeiland Date of Receipt Mailing Address 89 Massey St 2011 12 15 City Zip Code State Transaction ID: SA11AI.13469 Westfield MA 01085 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 380.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 89 Massey St 2011 12 29 City State Zip Code Transaction ID: SA11AI.13470 Westfield MA 01085 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 410.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court 07 14 2011 City Zip Code State Transaction ID: SA11AI.13497 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation MVP Health Care, Inc. Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Possint For:	Zip Code 12065	Date of Receipt O7 28 2011 Transaction ID: SA11AI.13498 Amount of Each Receipt this Period 30.00
Pagaint For:	Zip Code 12065 ion e Counsel tte Year-to-Date ▼ 480.00	Date of Receipt 08 11 2011 Transaction ID: SA11AI.13499 Amount of Each Receipt this Period 30.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼	Date of Receipt 9 08 2011 Transaction ID: SA11AI.13501 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary Other (specify) Other (specify)	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼ 570.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼	Date of Receipt 10 06 2011 Transaction ID: SA11AI.13503 Amount of Each Receipt this Period 30.00
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NAME OF COMMITTEE (MVP Health Care		AC							
Full Name (Last, First, Mi Shanon Vollmer	ddle Initial)	_	_	_	Date of	Receipt	_	_	
Mailing Address 30 Wilton	n Court				10		2011	Y	
City		State	Zip Code			action ID : SA		_	
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MVP Health Care, Inc.		Associate Cou	unsel						
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Full Name (Last, First, Mi Shanon Vollmer	ddle Initial)				Date of	Receipt			
Mailing Address 30 Wilton	Court	_	_	_	M = M	/ D D	/ Y = Y = Y	Y	
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Mailing Address 30 Wilton	n Court				M M	/ D D D	2011	Y	
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Name of Employer		Occupation			-				
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Matthew Walkuski Mailing Address 11 Lillian Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation Sales Manager- East Region Aggregate Year-to-Date ▼ 220.00	Date of Receipt 11 04 2011 Transaction ID: SA11AI.13518 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Matthew Walkuski Mailing Address 11 Lillian Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) Other (specify)	State Zip Code NY 12302 C Occupation Sales Manager- East Region Aggregate Year-to-Date ▼ 230.00	Date of Receipt 11 18 2011 Transaction ID: SA11Al.13519 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) Matthew Walkuski Mailing Address 11 Lillian Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation Sales Manager- East Region Aggregate Year-to-Date ▼ 240.00	Date of Receipt 12 02 2011 Transaction ID: SA11AI.13520 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional).	>	30.00
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Matthew Walkuski Date of Receipt Mailing Address 11 Lillian Drive 2011 12 16 City Zip Code State Transaction ID: SA11AI.13521 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Sales Manager- East Region Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Matthew Walkuski Date of Receipt Mailing Address 11 Lillian Drive 2011 12 30 City State Zip Code Transaction ID: SA11AI.13522 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Manager- East Region Receipt For: Aggregate Year-to-Date ▼ Primary General 260.00 Other (specify) Full Name (Last, First, Middle Initial) c. Pam Walsh Date of Receipt Mailing Address 3011 Patrick Road 02 09 2011 City Zip Code State Transaction ID: SA11AI.13543 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Director, Financial Planning MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 270.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 06 2011 10 City Zip Code State Transaction ID: SA11AI.13566 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 10 20 2011 City State Zip Code Transaction ID: SA11AI.13567 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 03 11 2011 City Zip Code State Transaction ID: SA11AI.13568 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 2011 11 City Zip Code State Transaction ID: SA11AI.13569 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care. Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 2011 12 01 City State Zip Code Transaction ID: SA11AI.13570 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) c. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive M M / 12 15 2011 City Zip Code State Transaction ID: SA11AI.13571 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 106 OF 109 Use separate schedule(s) (check only one) X 11a 11b 11c 12

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 2011 12 29 City Zip Code State Transaction ID: SA11AI.13572 NY Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 30.00 SUBTOTAL of Receipts This Page (optional)..... 15560.00 TOTAL This Period (last page this line number only).....

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)		FOR LINE NUMBER: PAGE 107 OF 109 (check only one)			
П	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only			
		Detailed	Summary Page	27	28a	28b 28c 29 30b	
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam						
\ \	NAME OF COMMITTEE (In Full)	le and add	iless of any politica	ai committee to	5 SOIICIT COTITIO	odions nom such committee.	
$\Big\rangle$	MVP Health Care Inc. Federal PAC	;					
_	Full Name (Last, First, Middle Initial)			Date of Disbursement			
н.	· Alamo PAC						
	Mailing Address 1020 N. Fairfax Street, Suite 201				10	25 2011	
	City State Zip Code				Transaction ID : SB23.13703		
	, mortalità i	VA	22314		Transacti	1011 ID : 0B23:13703	
	Purpose of Disbursement 011				Amount of Each Disbursement this Period		
	Candidate Name			Category/	1000.00		
	Office County			Type		1000.00	
	Office Sought: House Disbursem	nent For: Primary	2012 General				
		Other (spe					
	State: District:						
В.	Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS			Date of Disbursement			
	Moiling Address DO D 047				M M /	01 2011	
	Mailing Address PO Box 247				09 01 2011		
	City	State	Zip Code		Transact	ion ID : SB23.13693	
	Kinderhook	NY	12106				
	Purpose of Disbursement	NY	12106	011	Amount of	Food Dishurasment this Device	
	· · · · · · · · · · · · · · · · · · ·	NY	12106	011	Amount of	Each Disbursement this Period	
	Purpose of Disbursement Contribution	NY	12106	011 Category/ Type	Amount of	Each Disbursement this Period 0.00	
	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Senate Disbursem	nent For: Primary	2012 General	Category/	Amount of		
	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Disbursement	nent For:	2012 General	Category/	Amount of		
	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Senate President State: NY District: 20 Full Name (Last, First, Middle Initial)	nent For: Primary Other (spe	2012 General	Category/		0.00	
C .	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Disbursement	nent For: Primary Other (spe	2012 General	Category/	Date of Dis	0.00	
<u> </u>	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Senate President State: NY District: 20 Full Name (Last, First, Middle Initial)	nent For: Primary Other (spe	2012 General	Category/		0.00	
С.	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247	nent For: Primary Other (spe	2012	Category/	Date of Dis	0.00 sbursement	
C .	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: Senate President State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247 City Kinderhook	nent For: Primary Other (spe	2012	Category/	Date of Dis	0.00 sbursement 04 2011	
c.	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Senate President State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247 City Signate President State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247	nent For: Primary Other (spe	2012	Category/	Date of Dis	0.00 sbursement 04 2011	
С.	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Senate President State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247 City Signate President State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247 City Signate Signate City City City City City City City City	nent For: Primary Other (spe	2012	Category/ Type 011 Category/	Date of Dis	0.00 sbursement 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
c.	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: Senate President State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247 City Kinderhook Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON	nent For: Primary Other (spe	2012 ☐ General ecify) ▼ Zip Code 12106	Category/ Type	Date of Dis	sbursement 0.00 sbursement 04 2011 ion ID: SB23.13695 Each Disbursement this Period	
C.	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247 City S Kinderhook Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Disbursement	nent For: Primary Other (spe	2012 ☐ General ecify) ▼ Zip Code 12106	Category/ Type 011 Category/	Date of Dis	sbursement 0.00 sbursement 04 2011 ion ID: SB23.13695 Each Disbursement this Period	
C.	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247 City S Kinderhook Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Senate President Disbursement Contribution Disbursement Chris P GIBSON Office Sought: Disbursement Chris P GIBSON	nent For: Primary Other (spe	2012 ☐ General ecify) ▼ Zip Code 12106 2012 ☐ General	Category/ Type 011 Category/	Date of Dis	sbursement 0.00 sbursement 04 2011 ion ID: SB23.13695 Each Disbursement this Period	
C.	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247 City S Kinderhook Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: Mailing Address PO Box 247	nent For: Primary Other (spe	2012 ☐ General ecify) ▼ Zip Code 12106 2012 ☐ General	Category/ Type 011 Category/	Date of Dis	sbursement 0.00 sbursement 04 2011 ion ID: SB23.13695 Each Disbursement this Period	
C.	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247 City S Kinderhook Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Senate President Disbursement Contribution Disbursement Chris P GIBSON Office Sought: Disbursement Chris P GIBSON	nent For: Primary Other (spe	2012 General ecify) ▼ Zip Code 12106 2012 General ecify) ▼	Category/ Type 011 Category/ Type	Date of Dis	sbursement 0.00 sbursement 04 2011 ion ID: SB23.13695 Each Disbursement this Period	
	Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: State: NY District: 20 Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS Mailing Address PO Box 247 City S Kinderhook Purpose of Disbursement Contribution Candidate Name CHRIS P GIBSON Office Sought: House Senate President State: NY District: 20	nent For: Primary Other (spe	2012 ☐ General ecify) ▼ Zip Code 12106 2012 ☐ General ecify) ▼	Category/ Type 011 Category/ Type	Date of Dis	sbursement 0.00 sbursement 04 2011 ion ID: SB23.13695 Each Disbursement this Period 250.00	

SCHEDULE B (FEC Form 3X)	Han annual colored (2)	FOR LINE NUMBER: PAGE 108 OF 109								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlean orling	one)							
	Detailed Summary Page	21b 27	22 X 23 28a 28b	24 25 26 28c 29 30						
Any information copied from such Reports and States										
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions fron	n such committee.						
NAME OF COMMITTEE (In Full)	2									
MVP Health Care Inc. Federal PAG	3									
Full Name (Last, First, Middle Initial)										
Crowley for Congress Mailing Address c/o Dynamic SRG 139 Malcom X Blvd. Ste 1			Date of Disbursement 12 14 2011							
						,	State Zip Code NY 10026		Transaction ID : SB	23.13708
						New York Purpose of Disbursement	10020			
Contribution		011	Amount of Each Disb	ursement this Period						
Candidate Name		Category/		500.00						
Rep. Joseph Crowley	mant Fam. 00/2	Туре		300.00						
Office Sought: House Disburser Senate	ment For: 2012 Primary									
President	Other (specify)									
State: NY District: 07	• · · · · · · · · · · · · · · · · · · ·									
Full Name (Last, First, Middle Initial)										
Friends of Mark Warner			Date of Disbursement							
Mailing Address 10 G. Street, NE Suite 570				10 25 2011						
City Washington,	State Zip Code DC 20002		Transaction ID : SB	323.13700						
Purpose of Disbursement Contribution		011	Amount of Each Disb	urcoment this Paried						
Candidate Name			Amount of Each Disp	ursement this Period						
Sen. Mark R. Warner		Category/ Type		1000.00						
	ment For: 2012									
Senate	Primary Seneral									
President State: VA District:	Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
Kelly PAC			Date of Disbursement	t						
Mailing Address c/o The Gula Graham Group			12 13	2011						
a499 S. Capitol St., SW, Ste. 420	12 13	2011								
City	State Zip Code		Transaction ID : SB	323.13705						
Washington Purpose of Disbursement	DC 20003									
i aipose oi Dispuisement		011	Amount of Each Disb	urcoment this Bariad						
Candidate Name		Category/	AITIOUTE OF EACH DISD	ursement this Period						
		Type		5000.00						
	ment For: 2012									
Senate President	Primary General									
State: District:	Other (specify) ▼									
2.3										
SUBTOTAL of Disbursements This Page (optional)				6500.00						
TOTAL This Period (last page this line number only))		1	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:

FOR LINE NUMBER: (check only one) 9

	E OF COMMITTEE (In Full) P Health Care Inc. Federal PAC				
А	Deluxe Business Checks	Nature of Debt (Purpose): Check Printing			
N	Mailing Address P.O. Box 742572				
	City State Cincinnati	Zip Code OH	45274		
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4163	
	145.00				
	Amount Incurred This Period 0.00	Paym	ent This Period 0.00	Outstanding Balance at Close of Thi	
		au Ouaditau	0.00		
	B. Full Name (Last, First, Middle Initial) of Debtor Media Well Done	Nature of Debt (Purpose): Advertising			
N	Mailing Address 96 Jay Street				
- 1	City State Schenectady	Zip Code NY	12305		
	Outstanding Balance Beginning This Period 338.00			Transaction ID : SD10.4165	
	Amount Incurred This Period 0.00	Paym	ent This Period 0.00	Outstanding Balance at Close of Thi	
C	C. Full Name (Last, First, Middle Initial) of Debtor	Nature of Debt (Purpose):			
N	Mailing Address				
C	City	State	Zip Code		
	Outstanding Balance Beginning This Period			'	
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of Thi	s Period
			7		
1)	SUBTOTALS This Period This Page (optional)			▶ 483	.00
2)	TOTALS This Period (last page this line number	only)		<u> </u>	.00
3)	TOTAL OUTSTANDING LOANS from Schedule C	-	0.00		
4)	ADD 2) and 3) and carry forward to appropriate	<u></u>	.00		