10/21/2010 13:42

Image# 10931701003

# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

			Office Us	e Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ♥	Example:If typing, type over the lines		
MVP Health Care Inc. Feder	ral PAC			
ADDRESS (number and street)	625 State Street			
Check if different				
than previously reported. (ACC)	Schenectady		NY 12	2305
2. FEC IDENTIFICATION NUI	MBER ♥ CITY	A	STATE	ZIPCODE A
C00431429	3. IS T	THIS X NEW OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:		H	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20	) (M3) Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(0 July 15 Quarterly Report(0	(c) 12-Day	<del></del>	Oct 20 (M10)  X General (12G)	Jan 31 (YE)  Runoff (12R)
October 15 Quarterly Report(0	Report for the:	Convention (12C)	Special (12S)	
January 31 Quarterly Report(\)		on 11 02	2010	in the NY State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	rt Report for the:	on		in the State of
5. Covering Period 1	0 01 2010	through 1 0	13 2010	
I certify that I have examined this	Report and to the best of my know	ledge and belief it is true. correc	and complete.	
Type or Print Name of Treasurer	·			
Signature of Treasurer Electron	onically Filed by Mr. Frank Fansh	nawe	Date 1 0 2 1	2010
NOTE : Submission of false, erro	oneous, or incomplete information n	nay subject the person signing t	his Report to the penalties	of 2 U.S.C 437g.
Office Use Only				FORM 3X v. 12/2004)
EEGANIOOG				

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/19

Write or Type Committee Name MVP Health Care Inc. Federal PAC

FEC Form 3X (Rev. 02/2003)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 20 10 Y Y		36700.84
	(b) Cash on Hand at Begining of Reporting Period	49864.34	
	(c) Total Receipts (from Line 19)	1687.00	37898.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51551.34	74598.84
7.	Total Disbursements (from Line 31)	8000.00	31047.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43551.34	43551.34
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	483.00	

#### 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) 3 / 19

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period:

From:

D D 0

2010

To:

м м 1 0 D D 13

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:		
(	a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	1197.00	22424.00
	(ii) Unitemized	490.00	15474.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	1687.00	37898.00
(	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	1687.00	37898.00
	Totals to Line 33, page 5)		0.000.00
	ransfers From Affiliated/Other	0.00	0.00
F	Party Committees	0.00	0.00
R <i>L</i>	All Loans Received	0.00	0.00
<i>.</i> ,	20210 110001100		
4. L	oan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures Refunds, Rebates, etc.)		
	Carry Totals to Line 37, page 5)	0.00	0.00
	Refunds of Contributions Made		
t	o Federal candidates and Other	0.00	0.00
F	Political Committees	0.00	0.00
	Other Federal Receipts	0.00	0.00
(	Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(	a) Non-Federal Account	0.00	0.00
	(from Schedule H3)	0.00	0.00
(	b) Levin Funds (from Schedule H5)	0.00	0.00
(	2, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
). T	otal Receipts (add Lines 11(d),	1227.22	27000 00
1	2, 13, 14, 15, 16, 17, and 18(c))	1687.00	37898.00
т	otal Federal Receipts		
	subtract Line 18(c) from Line 19)	1687.00	37898.00

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 19

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures		0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	8000.00	31000.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To:  (a) Individuals/Persons Other	0.00	20.00
	Than Political Committees	0.00	30.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds		0.00
	(add Lines 28(a), (b), and (c))	0.00	30.00
9.	Other Disbursements	0.00	17.50
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
11	Total Disbursements (add Lines 21(c), 22,		
١.	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8000.00	31047.50
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	8000.00	31047.50

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 19

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans)     from Line 11(d), page 3)	1687.00	37898.00
4. Total Contribution Refunds (from Line 28(d))	0.00	30.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1687.00	37868.00
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 19 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Repor or for commercial purposes, other than to NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal I	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive  City Scotia  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp  Receipt For: Primary General Other (specify)	State Zip Code NY 12302  C  Occupation VP, Sales Ops  Aggregate Year-to-Date ▼  600.00	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) Sue Ann Brown Mailing Address 9 Wembly Cour  City Delmar  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12054  C  Occupation Administrative  Aggregate Year-to-Date  400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y  Transaction ID: SA11AI.9355  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcres  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14618  C  Occupation VP Medical Director  Aggregate Year-to-Date   600.00	Date of Receipt  M M M / D D / Y Y Y Y Y  1 0 7 2 0 1 0  Transaction ID: SA11AI.9356  Amount of Each Receipt this Period  30.00
SUBTOTAL of Receipts This Page (op	tional)	80.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
\	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	atements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ <b>.</b> .	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive		10 07 2010
	City	State Zip Code NY 13090	Transaction ID: SA11AI.9362
	Liverpool  FEC ID number of contributing federal political committee.	NY 13090	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 710.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt
	Mailing Address 430 Ridgehill Road		10 07 2010
	City	State Zip Code	Transaction ID: SA11AI.9365
	Schenectady  FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation Treasurer	
	Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
_	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		10 07 2010
	City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.9369  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
	SUBTOTAL of Receipts This Page (optional)		140.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any le name and address of any political committed.	person for the purpose of soliciting contributions lee to solicit contributions from such committee.
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) John Gajewski		Date of Receipt
Mailing Address 166 Jordan Blvd		10 08 7 9 9 9
City Delmar	State Zip Code NY 12054	Transaction ID: SA11AI.9372  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	
Full Name (Last, First, Middle Initial)  Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		10 07 2010
City ROchester	State Zip Code NY 14607	Transaction ID: SA11AI.9373
FEC ID number of contributing federal political committee.	C 14007	Amount of Each Receipt this Period  30.00
Name of Employer MVP Health Care	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Joyce Gallimore	. <b>L</b>	Date of Receipt
Mailing Address 3 Bay Crest Drive		10 07 2010
City	State Zip Code	Transaction ID: SA11AI.9375
South Burlington  FEC ID number of contributing federal political committee.	VT 05403	Amount of Each Receipt this Period  12.00
Name of Employer MVP	Occupation Administrative	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  222.00	
SUBTOTAL of Receipts This Page (optional)	1	62.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
_'	Mailing Address 8 Wendy Lane		10 07 2010
	City	State Zip Code	Transaction ID: SA11AI.9376
	W. Hartford	CT 06117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
_	Full Name (Last, First, Middle Initial) Bill Geddings	1	Date of Receipt
	Mailing Address 75 Robinwood Drive		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.9378
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation VP Health Services	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Patrick Glavey	1	Date of Receipt
	Mailing Address 165 Windemere Road	I	10 / 07 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.9380
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1420.00	
Г		l	145.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)  Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.9381  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer MVP	Occupation EVP & Chief Legal Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		10 07 YYYY 2010
City	State Zip Code	Transaction ID: SA11AI.9384
Loudon	NH 03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1600.00	
Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Drive		10 08 Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12306	Transaction ID: SA11AI.9387  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Administrative	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
SUBTOTAL of Receipts This Page (optional)		170.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 19 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive  City Fairport  FEC ID number of contributing	State Zip Code NY 14450	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify)   General	Occupation VP Information Technology  Aggregate Year-to-Date   600.00	
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave  City Albany	State Zip Code NY 12208	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General	C Occupation  Aggregate Year-to-Date ▼	40.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) Joseph Lia  Mailing Address 12 Sutherland Drive	710.00	Date of Receipt  1 0 0 7 2 0 1 0
City Highland Mills FEC ID number of contributing federal political committee.	State Zip Code NY 10930	Transaction ID: SA11AI.9400  Amount of Each Receipt this Period  30.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation VP of Mid-Hudson Region  Aggregate Year-to-Date   600.00	
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	100.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
	Mailing Address 300 Partridge Lane		10 07 2010
	City Charlotte	State Zip Code VT 05445	Transaction ID: SA11AI.9401  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermont	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		10 07 2010
	City	State Zip Code	Transaction ID: SA11AI.9406
	Webster  FEC ID number of contributing federal political committee.	NY 14580	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
C.	Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
	Mailing Address 457 Crescent Ave		10 07 2010
	City	State Zip Code	Transaction ID: SA11AI.9407
	Saratoga  FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period  30.00
	Name of Employer	Occupation	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)		100.00
	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PA	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive  City Rochester  FEC ID number of contributing federal political committee.	State Zip Code NY 14626	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation VP, Business Excellence Aggregate Year-to-Date ▼  800.00		
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Ro	ad State Zip Code	Date of Receipt  10 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Glenmont  FEC ID number of contributing federal political committee.	NY 12077  C Occupation	Amount of Each Receipt this Period 50.00	
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	EVP, HR  Aggregate Year-to-Date ▼  1000.00		
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremon	Richard Odorizzi		
City Voorheesville	State Zip Code NY 12186	Transaction ID: SA11AI.9416  Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.  Name of Employer MVP	Occupation Director of Finance	20.00	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  310.00		
SUBTOTAL of Receipts This Page (optic	nal)	110.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
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	State Zip Code NY 12205  C Occupation Corp VP of Operations	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Donald Rahn Mailing Address 931 Northumberlar  City Niskayuna	nd Dr.  State Zip Code  NY 12309	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:	Occupation  Aggregate Year-to-Date ▼	20.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street	230.00	Date of Receipt
City Schenectady  FEC ID number of contributing federal political committee.	State Zip Code NY 12047	Transaction ID: SA11AI.9429  Amount of Each Receipt this Period  20.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation VP of E Business  Aggregate Year-to-Date ▼  400.00	
SUBTOTAL of Receipts This Page (options	al)	70.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 19 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ai	for commercial purposes, other than using the	statements may not be sold or used by any personal name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
			10 08 2010
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9430  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		10 07 7 2010
	City	State Zip Code	Transaction ID: SA11AI.9431
	Saratoga Springs FEC ID number of contributing	NY 12866	Amount of Each Receipt this Period
	federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
	Mailing Address 33 Everett Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Rochester	State Zip Code NY 14624	Transaction ID: SA11AI.9440
	FEC ID number of contributing federal political committee.	C 14024	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Sales	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 710.00	
	SUBTOTAL of Receipts This Page (optional)	1	100.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 19 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place  City Middletown	State CT	Zip Code 06457	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.  Name of Employer MVP	Occupation	n	40.00
	Receipt For: Primary General Other (specify)	CIO Aggregate	e Year-to-Date ▼ 710.00	
В.	Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court	1		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Clifton Park FEC ID number of contributing federal political committee.	State NY	Zip Code 12065	Transaction ID: SA11AI.9445  Amount of Each Receipt this Period  30.00
	Name of Employer MVP	Occupation Associate	e Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
 C.	Full Name (Last, First, Middle Initial) Tracey Welch Mailing Address 134 Thornberry Lane	•		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Rensselaer	State NY	Zip Code 12144	Transaction ID: SA11AI.9450  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupation	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)			90.00
Ţ	TOTAL This Period (last page this line number	only)	<b>1</b>	

A.

FOR LINE NUMBER: PAGE 17/19 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 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) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 10 07 2010 City State Zip Code Transaction ID: SA11AI.9451 Loudon NH 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date Primary General 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	30.00
TOTAL This Period (last page this line number only)	<u> </u>	1197.00

ITEMIZED DISBURSEMENTS	SCHEDULE B (FEC Form 3	Use separate schedule(s	9) 1 -	NUMBER: PAGE 18/19
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) FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester NH 03105  Purpose of Disbursement Contribution Candidate Name FRANK GUINTA  State: NH District: 01  Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE  Mailing Address PO BOX 233  City NASHUA NH 03061  Purpose of Disbursement Contribution Candidate Name KELLY A AYOTTE  Office Sought: House NH 03061  Purpose of Disbursement Contribution Candidate Name FRANK GUINTA  Transaction ID: SB23.9465 Date of Disbursement To 0 11  Category' Type  Transaction ID: SB23.9465 Date of Disbursement To 0 1/ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ITEMIZED DISBURSEMENT	for each category of the	check only	22 X 23 24 25
NAME OF COMMITTEE (in Full)  MVP Health Care inc. Federal PAC  Full Name (Last, First, Middle Initial)  FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City State Zip Code NH 03105  Purpose of Disbursement Contribution  Candidate Name Franki Guilntal  FRIENDS OF KELLY AYOTTE  City State Zip Code NH 03105  Purpose of Disbursement Contribution  Candidate Name President State: NH District: 01  Full Name (Last, First, Middle Initial)  FRIENDS OF KELLY AYOTTE  City State Zip Code NH 03061  Purpose of Disbursement For: 2010  Full Name (Last, First, Middle Initial)  FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State: NH District: 00  Full Name (Last, First, Middle Initial)  FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City Carmel NY 10512  Purpose of Disbursement  Cardidate Name (Last, First, Middle Initial)  FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City Carmel NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name (Last, First, Middle Initial)  FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State Zip Code NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribution  Candidate Name NY 10512  Purpose of Disbursement  Campaign Contribut			ed by any person f	for the purpose of soliciting contributions
FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City State Zip Code NH 03105  Purpose of Disbursement Contribution Candidate Name FRANK GUINTA  Office Sought: X House President State: NH District: 01  Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE  Mailing Address PO BOX 233  City Sanate President State: NH District: 01  Furpose of Disbursement Contribution Candidate Name KELLY A AYOTTE  Office Sought: X House President Senate President State: NH District: 01  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State Xip Code NY 10512  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State Xip Code NY 10512  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State Xip Code NY 10512  Furpose of Disbursement Contribution Candidate Name NY 10512  Furpose of Disbursement Contribution Candidate	NAME OF COMMITTEE (In Full)		ar committee to se	inch contributions from such committee
City State Zip Code NH 03105  City State NH 03105  Cardidate Name FRANK GUINTA  Office Sought: X House President State: NH District: 01  Full Name (Last, First, Middle Initial) FRIENDS OF KELLY A YOTTE  Mailing Address PO BOX 233  City NASHUA NH 03061  Purpose of Disbursement Contribution  Candidate Name KELLY A A YOTTE  Office Sought: House Disbursement For: 2010 Primary X General Other (specify) ▼  Transaction ID: SB23.9465 Date of Disbursement this F Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State Zip Code NY 10512  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State Zip Code NY 10512  Furpose of Disbursement Campaign Contribution  Candidate Name Kath Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State Zip Code NY 10512  Purpose of Disbursement Campaign Contribution  Candidate Name NAN HAYWORTH  Office Sought: X House Disbursement For: 2010 Amount of Each Disbursement Late of Disbursement Campaign Contribution  Candidate Name NAN HAYWORTH  Office Sought: X House Disbursement For: 2010 Amount of Each Disbursement Late of Disbursement Campaign Contribution  Candidate Name NAN HAYWORTH  Office Sought: X House Disbursement For: 2010 Amount of Each Disbursement Late of Disbursement Campaign Contribution  Candidate Name NAN HAYWORTH  Office Sought: X House Disbursement For: 2010 Primary X General Other (specify) ▼  Other (specify) ▼	,			
Manchester  Purpose of Disbursement Contribution  Candidate Name FRANK GUINTA  Office Sought:	Mailing Address P.O. Box 877			
Contribution Candidate Name FRANK GUINTA  Office Sought:			_	Amount of Each Disbursement this Perio
FRANK GUINTA  Office Sought:	Contribution			1000.00
Senate President State: NH District: 01  Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE  Mailing Address PO BOX 233  City NASHUA  Purpose of Disbursement Contribution Candidate Name KELLY A AYOTTE  Office Sought: House Primary X General President State: NH District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State Zip Code NY 10512  Purpose of Disbursement Contribution Candidate Name KELLY A AYOTTE  Office Sought: House Primary X General Other (specify) ▼  Transaction ID: SB23.9475  Amount of Each Disbursement this P  Category/ Type  Transaction ID: SB23.9474  Date of Disbursement this P  Transaction ID: SB23.9474  Date of Disbursement  Transaction ID: SB23.9474  Date of Disbursement ID: SB23.9474  Date of Disbursement  Transaction ID: SB23.9474  Date of Disbursement ID: SB23.9474  Date of Disbursement  Transaction ID: SB23.9474  Date of Disbursement ID: SB23.9474  Date of	FRANK GUINTA	Dishursoment For: 2010		
Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE  Mailing Address PO BOX 233  City NASHUA Purpose of Disbursement Contribution Candidate Name KELLY A AYOTTE  Office Sought:  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address  Final Name State Zip Code NH 03061  Amount of Each Disbursement this P Category/ Type  Transaction ID: SB23.9465 Date of Disbursement Initial Category/ Type  Transaction ID: SB23.9465 Date of Disbursement Initial Fall Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  City Carmel  City Carmel NY 10512  Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH  Office Sought:  X House Senate Primary X General Disbursement For: 2010 Category/ Type  Amount of Each Disbursement  Category/ Type  Amount of Each Disbursement Initial Category/ Type  Office Sought:  Category/ Type  Other (specify) ▼  Amount of Each Disbursement Initial Category/ Type  Office Sought:  Category/ Type  Other (specify) ▼  Category/ Type  Other (specify) ▼	Senate President	Primary X General		
City NASHUA  Purpose of Disbursement Contribution  Candidate Name KELLY A AYOTTE  Office Sought:  NH  District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  City Carmel  NY  State NY  State NY  State NY  State NY  State NY  Disbursement Campaign Contribution  Candidate Name NAN HAYWORTH  Office Sought:  Very State NY  S	Full Name (Last, First, Middle Initial)			
NÁSHUA  Purpose of Disbursement Contribution  Candidate Name KELLY A AYOTTE  Office Sought:  NH  District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  City Carmel  Purpose of Disbursement Campaign Contribution  Candidate Name NY  Office Sought:  Versident  State  Zip Code NY  10512  Amount of Each Disbursement this Park of Disbu	Mailing Address PO BOX 233			$\begin{bmatrix}\begin{smallmatrix}M&M\\1&0&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\0&4\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}\end{bmatrix}$
Contribution  Candidate Name KELLY A AYOTTE  Office Sought: House				Amount of Each Disbursement this Perio
KELLY A AYOTTE  Office Sought: House X Senate Primary X General Other (specify) ▼  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State Zip Code Carmel NY 10512  Purpose of Disbursement Campaign Contribution  Candidate Name NAN HAYWORTH  Office Sought: X House Senate President  Disbursement For: 2010 Amount of Each Disbursement this Possible Category/Type  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼	•		011	5000.00
State: NH District: 00  Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City Carmel NY 10512  Purpose of Disbursement Campaign Contribution  Candidate Name NAN HAYWORTH  Office Sought: X House Senate President  NY District: 00  Transaction ID: SB23.9474 Date of Disbursement	KELLY A AYOTTE			
FRIENDS OF NAN HAYWORTH  Mailing Address 51 Gleneida Avenue  City State Zip Code Carmel NY 10512  Purpose of Disbursement Campaign Contribution  Candidate Name NAN HAYWORTH  Office Sought: X House Senate Primary X General President  President  Date of Disbursement  Amount of Each Disbursement this P  2000.00  Amount of Each Disbursement this P  2000.00  Category/ Type	X Senate President	Primary X General		
City State Zip Code Carmel NY 10512  Purpose of Disbursement Campaign Contribution Candidate Name NAN HAYWORTH  Office Sought: X House Senate Primary X General President  Other (specify)	,			
Carmel NY 10512  Purpose of Disbursement Campaign Contribution  Candidate Name NAN HAYWORTH  Office Sought: X House Senate Primary X General President Other (specify) ▼  NY 10512  2000.00  Category/ Type	Mailing Address 51 Gleneida Avenue			10
Campaign Contribution  Candidate Name NAN HAYWORTH  Office Sought:  X House Senate Primary Primary  Category/ Type  Disbursement For: 2010 Primary X General Other (specify)				Amount of Each Disbursement this Perio
NAN HAYWORTH  Office Sought:  X House Senate Primary President  Other (specify)  Type  Type  Type	Campaign Contribution			2000.00
Senate Primary X General President Other (specify) ▼	NAN HAYWORTH	D.I.		
	Senate	Primary X General		
	State: NY District: 19	(opoon)) <b>\</b>		
	TOTAL This Period (last page this line nu	mber only)		800.00

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(Use separate

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DEBTS AND OBLIGATIONS  Excluding Loans		schedule for each numbered	h	FOR LINE NUMBER: (check only one) 9	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks			Nature of Debt (Purpose): Check Printing		
Mailing Address P.O. Box 742572					
City State Cincinnati OH	ZIP Code 45274				
Outstanding Balance Beginning This Period 145.00				saction ID: SD10.4163	
Amount Incurred This Period  0.00	Payment This Period 0.00	Out	standin	g Balance at Close of This Period 145.00	
<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor of Media Well Done	or Creditor		re of De ertising	bbt (Purpose):	
Mailing Address 96 Jay Street					
City State Schenectady NY	ZIP Code 12305				
Outstanding Balance Beginning This Period 338.00		Transaction ID: SD10.4165			
Amount Incurred This Period	Payment This Period	Out	standin	g Balance at Close of This Period	
0.00	0.00			338.00	
1) SUBTOTALS This Period This Page (optional)				483.00	
2) TOTALS This Period (last page this line number or	nly)	> _		483.00	
3) TOTAL OUTSTANDING LOANS from Schedule	e C (last page only)	<b>&gt;</b>		0.00	
4) ADD 2) and 3) and carry forward to appropriate lir	ne of Summary Page (last page only)	<b>►</b>		483.00	