

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) MVP Health Care Inc. Federal PAC

ADDRESS (number and street) 625 State Street, Schenectady, NY 12305

2. FEC IDENTIFICATION NUMBER C00431429, 3. IS THIS REPORT NEW (X) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General (X), Runoff, Convention, Special. Election on 11/04/2008 in the State of. (d) 30-Day Post-Election Report for the: General, Runoff, Special. Election on in the State of

5. Covering Period 10/01/2008 through 10/15/2008

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 Mr. Frank Fanshawe. Signature of Treasurer Electronically Filed by Mr. Frank Fanshawe Date 12/05/2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only table with 7 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		18579.84
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	26424.84									
(c) Total Receipts (from Line 19) .....	1179.00	18311.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	27603.84	36890.84								
7. Total Disbursements (from Line 31) .....	8500.00	17787.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19103.84	19103.84								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	483.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	980.00	11650.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	199.00	6661.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	1179.00	18311.00
(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) ▶	1179.00	18311.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1179.00	18311.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1179.00	18311.00

**DETAILED SUMMARY PAGE**

of Disbursements

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	17750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	37.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8500.00	17787.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	17787.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	1179.00	18311.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1179.00	18311.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary Bianchi  
Mailing Address 6 Doris Drive  
City State Zip Code  
Scotia NY 12302  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Service Corp Occupation VP, Sales Ops  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 10 / 09 / 2008  
Transaction ID: SA11AI.4849  
Amount of Each Receipt this Period 30.00  
Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
Charles Bloss  
Mailing Address 708 Stephens Place  
City State Zip Code  
Schenectady NY 12303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP & chief Actuary  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00  
Date of Receipt 10 / 09 / 2008  
Transaction ID: SA11AI.4823  
Amount of Each Receipt this Period 40.00  
Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
Carl Cameron  
Mailing Address 285 Willowcrest Drive  
City State Zip Code  
Rochester NY 14618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Medical Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 10 / 09 / 2008  
Transaction ID: SA11AI.4822  
Amount of Each Receipt this Period 30.00  
Political Contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Patricia Deferio</p> <p>Mailing Address 7723 Majestic Drive</p> <p>City State Zip Code Liverpool NY 13090</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation Regional Network Director</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">330.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.4851</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>Political Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe</p> <p>Mailing Address 430 Ridgehill Road</p> <p>City State Zip Code Schenectady NY 12303</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation Treasurer</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.4837</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>Political Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Fish</p> <p>Mailing Address 500 Normanskill Place</p> <p>City State Zip Code Slingerlands NY 12159</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation EVP Network Management</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">440.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.4848</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p> <p>Political Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">100.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Al Gatti  
Mailing Address 8 Wendy Lane  
City W. Hartford State CT Zip Code 06117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Exec VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00  
Date of Receipt 10 / 09 / 2008  
Transaction ID: SA11AI.4816  
Amount of Each Receipt this Period 40.00  
Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
Bill Geddings  
Mailing Address 75 Robinwood Drive  
City Clifton Park State NY Zip Code 12065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Health Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 10 / 09 / 2008  
Transaction ID: SA11AI.4818  
Amount of Each Receipt this Period 20.00  
Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
Patrick Glavey  
Mailing Address 165 Windemere Road  
City Rochester State NY Zip Code 14610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP, Medicare Products  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00  
Date of Receipt 10 / 09 / 2008  
Transaction ID: SA11AI.4852  
Amount of Each Receipt this Period 60.00  
Political Contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 17  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.**

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

Mailing Address 803 Via Marchella

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** SA11AI.4834

Amount of Each Receipt this Period  
60.00

Political Contribution

**B.**

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

Mailing Address 144 Berry Road

City State Zip Code  
Loudon NH 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** SA11AI.4825

Amount of Each Receipt this Period  
80.00

Political Contribution

**C.**

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

Mailing Address 1 Loudon Heights

City State Zip Code  
Loudonville NY 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 8

**Transaction ID:** SA11AI.4830

Amount of Each Receipt this Period  
60.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kim Ann Hess	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 237 Jacobs Road	<b>Transaction ID:</b> SA11AI.4845
	City State Zip Code Macedon NY 14502	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer MVP Service Corp. Occupation VP Medicaid & Safety Net Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 330.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Husted	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 38 Fox Hill Drive	<b>Transaction ID:</b> SA11AI.4844
	City State Zip Code Fairport NY 14450	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer MVP Occupation VP Information Technology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dennis Kant	Date of Receipt MM / DD / YYYY 10 / 09 / 2008
	Mailing Address 11 White Briar	<b>Transaction ID:</b> SA11AI.4835
	City State Zip Code Pittsford NY 14534	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer MVP Occupation VP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 330.00	

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

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

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

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

**A.**

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 09 / 2008

**Transaction ID: SA11AI.4841**

Amount of Each Receipt this Period 30.00

Political Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Leonard Lindenmuth

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 09 / 2008

**Transaction ID: SA11AI.4847**

Amount of Each Receipt this Period 30.00

Political Contribution

**C.**

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 09 / 2008

**Transaction ID: SA11AI.4855**

Amount of Each Receipt this Period 30.00

Political Contribution

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

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Carl Maleri, Jr.  
Mailing Address 19 Crimson Way  
City Webster State NY Zip Code 14580  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP, Underwriting and Analysis  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00  
Date of Receipt 10 / 09 / 2008  
Transaction ID: SA11AI.4821  
Amount of Each Receipt this Period 40.00  
Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
Laurie Metheny  
Mailing Address 21 Joellen Drive  
City Rochester State NY Zip Code 14626  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP, Business Excellence  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00  
Date of Receipt 10 / 09 / 2008  
Transaction ID: SA11AI.4846  
Amount of Each Receipt this Period 40.00  
Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
James Morrill  
Mailing Address 54 Henderson Road  
City Glenmont State NY Zip Code 12077  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation EVP, HR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00  
Date of Receipt 10 / 09 / 2008  
Transaction ID: SA11AI.4840  
Amount of Each Receipt this Period 50.00  
Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

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

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

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 09 / 2008

**Transaction ID:** SA11AI.4831

Amount of Each Receipt this Period 30.00

Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dawn Ryman

Mailing Address 213 Hansen Avenue

City Albany State NY Zip Code 12208

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

Name of Employer MVP Occupation VP of Legal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 09 / 2008

**Transaction ID:** SA11AI.4833

Amount of Each Receipt this Period 30.00

Political Contribution

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

Mailing Address 160 Fifth Avenue

City Saratoga Springs State NY Zip Code 12866

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

Name of Employer MVP Occupation VP Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 09 / 2008

**Transaction ID:** SA11AI.4828

Amount of Each Receipt this Period 30.00

Political Contribution

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

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

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

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

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

**A.**

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

**Transaction ID:** SA11AI.4854

Amount of Each Receipt this Period  
30.00

Political Contribution

**B.**

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
Middletown CT 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	8

**Transaction ID:** SA11AI.4842

Amount of Each Receipt this Period  
30.00

Political Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	980.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) Arcuri for Congress Mailing Address P.O. Box 8508 City Utica State NY Zip Code 13505 Purpose of Disbursement Political Contribution Candidate Name MVP Health Care Inc. Federal PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB23.4803 <b>Date of Disbursement</b> 10 / 07 / 2008
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>B.</b> Full Name (Last, First, Middle Initial) MRS. KIRSTEN ELIZABETH GILLIBRAND Mailing Address 358 Mount Merino Road City Hudson State NY Zip Code 12534 Purpose of Disbursement Political Contribution Candidate Name MVP Health Care Inc. Federal PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB23.4804 <b>Date of Disbursement</b> 10 / 07 / 2008
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>C.</b> Full Name (Last, First, Middle Initial) Chris Lee Mailing Address PO Box 15395 City Rochester State NY Zip Code 14615 Purpose of Disbursement Political Contribution Candidate Name MVP Health Care Inc. Federal PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB23.4808 <b>Date of Disbursement</b> 10 / 13 / 2008
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<b>A.</b> Full Name (Last, First, Middle Initial) DANIEL B MR. MAFFEI <hr/> Mailing Address 15 Pebble Hill N <hr/> City DeWitt State NY Zip Code 13214 <hr/> Purpose of Disbursement Political Contribution Candidate Name MVP Health Care Inc. Federal PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4811 Date of Disbursement 10 / 13 / 2008
	Amount of Each Disbursement this Period 2000.00
<b>B.</b> Full Name (Last, First, Middle Initial) JOHN M MCHUGH <hr/> Mailing Address 15538 NYS ROUTE 193 <hr/> City PIERREPONT MANOR State NY Zip Code 13674 <hr/> Purpose of Disbursement Political Contribution Candidate Name MVP Health Care Inc. Federal PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4806 Date of Disbursement 10 / 08 / 2008
	Amount of Each Disbursement this Period 1500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3500.00

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

8500.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 / 17
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks	Nature of Debt (Purpose): Check Printing
Mailing Address P.O. Box 742572	
City State ZIP Code Cincinnati OH 45274	

Outstanding Balance Beginning This Period 145.00	<b>Transaction ID: SD10.4163</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 145.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done	Nature of Debt (Purpose): Advertising
Mailing Address 96 Jay Street	
City State ZIP Code Schenectady NY 12305	

Outstanding Balance Beginning This Period 338.00	<b>Transaction ID: SD10.4165</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 338.00

1) <b>SUBTOTALS</b> This Period This Page (optional).....	483.00
2) <b>TOTALS</b> This Period (last page this line number only).....	483.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	483.00