Image# 12951373080 PAGE 1 / 53

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If over the line	typing, type es.	12FE4M5	
MVP Health Care Inc. Fee	deral PAC				
	1 1 1 1 1 1 1				
ADDRESS (number and street)	25 State Street				
Check if different					
Alexan man decision	Schenectady			NY	12305
2. FEC IDENTIFICATION NUMB	BER ▼ C	CITY 🛦		STATE A	ZIP CODE ▲
C C00431429	3.	IS THIS REPORT	NEW (N) OR	× AN	MENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe	eb 20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	M	ar 20 (M3)	Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Ap	or 20 (M4)	Jul 20 (M7)	Oct	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary		General	
October 15 Quarterly Report (Q3)	Report for the:	Convent	ion (12C)	Special (125)
January 31 Year-End Report (YE)	Elec	tion on	/ D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	X General	(30G)	Runoff (3	Special (30S)
Termination Report (TER)	·	tion on 11	02	2010	in the State of NY
5. Covering Period 10	14 2010		gh 11	/ 0 0 / 22	2010
certify that I have examined this R		of my knowledge a	and belief it is tr	ue, correct and	d complete.
Type or Print Name of Treasurer	Mr. Frank Fanshawe				
Signature of Treasurer Mr. Frank	: Fanshawe	[Electron	ically Filed]	Date 04	/ 10 / 2012
NOTE: Submission of false, erroneous	s, or incomplete informat	ion may subject the	person signing t	his Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	I Page 2
Write or Type Committee Name		
MVP Health Care Inc. Federal PAC		
Report Covering the Period: From:	0 14 2010	To: 11 22 / 2010
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010		36764.84
(b) Cash on Hand at Beginning of Reporting Period	43605.34	
(c) Total Receipts (from Line 19)	4927.00	42820.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48532.34	79584.84
7. Total Disbursements (from Line 31)	8000.00	39052.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40532.34	40532.34
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 multica	andidate committee. (see FEC FORM 1M)	
1	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

M	VΡ	Health	Care	Inc	Federal	PAC
1 V I	v ı	i icaiui	Oaic	1110.	i caciai	1 / 10

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	0044.00	26245.00
(i) Itemized (use Schedule A)	3841.00	20245.00
(ii) Unitemized	1086.00	16575.00
(iii) TOTAL (add	, 1000.00	
Lines 11(a)(i) and (ii)▶	4927.00	42820.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	7	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	4927.00	42820.00
Transfers From Affiliated/Other	7	
Party Committees	0.00	0.00
,	7	
All Loans Received	0.00	0.00
	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5)	5.00	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	7	7 7
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	3	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) zavim v amas (mem esineaais vio) iiiiiiii	7	7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b)) Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00 4927.00	42820
Total Federal Receipts		
i i otali i odolali i loodiplo		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date		
(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	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
Committees	. 0.00	0.00		
Contributions to Federal Candidates/Committees and Other Political Committees	. 8000.00	39000.00		
. Independent Expenditures	200	0.00		
(use Schedule E)	. 0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	. 0.00	0.00		
S. Loan Repayments Made	. 0.00	0.00		
7. Loans Made	. 0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	. 0.00	35.00		
		0.00		
(b) Political Party Committees(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	35.00		
O. Other Disbursements	. 0.00	17.50		
). Federal Election Activity (2 U.S.C. §431(2 (a) Allocated Federal Election Activity	20))			
(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))	2.22	0.00		
Total Disbursements (add Lines 21(c), 22	2,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	. 8000.00	39052.50		
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	8000.00	39052.50		

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)	4927.00	42820.00
4. Total Contribution Refunds (from Line 28(d))	0.00	35.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4927.00	42785.00
6. 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

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE

6 OF 53

EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	11a 13	or	11b 14	11c	E	12 16		17
y information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions										

Ar 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) Ms. Mary Bianchi Date of Receipt Mailing Address 6 Doris Drive 10 2010 21 City Zip Code State Transaction ID: SA11AI.9499 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Service Corp VP, Sales Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ms. Mary Bianchi Date of Receipt Mailing Address 6 Doris Drive 11 04 2010 City State Zip Code Transaction ID: SA11AI.9500 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation MVP Service Corp VP, Sales Ops Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Mary Bianchi Date of Receipt Mailing Address 6 Doris Drive M M / 11 18 2010 City Zip Code State Transaction ID: SA11AI.9501 NY Scotia 12302 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation VP, Sales Ops MVP Service Corp Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 (check only one) X 11a 11b 12 11c

OF 53 Use separate schedule(s) 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) Sue Ann Brown Date of Receipt Mailing Address 9 Wembly Court 2010 10 21 City Zip Code State Transaction ID: SA11AI.9511 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sue Ann Brown Date of Receipt Mailing Address 9 Wembly Court 11 04 2010 City State Zip Code Transaction ID: SA11AI.9512 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sue Ann Brown Date of Receipt Mailing Address 9 Wembly Court 11 18 2010 City Zip Code State Transaction ID: SA11AI.9513 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Administrative MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

			PAGE	8	OF	53		
(che	ck only	or	ie)					
X	11a		11b		11c	12		
	13		14		15	16	;	17

or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	al PAC	
Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
Mailing Address 285 Willowcrest Drive		10 21 2010
City	State Zip Code	Transaction ID : SA11AI.9514
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	+
MVP	VP Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	630.00	
Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
Mailing Address 285 Willowcrest Drive		11 04 2010 _
City	State Zip Code	Transaction ID : SA11AI.9515
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	†
MVP	VP Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	660.00	
Full Name (Last, First, Middle Initial) Carl Cameron	-	Date of Receipt
Mailing Address 285 Willowcrest Drive		11 18 2010
City	State Zip Code	Transaction ID : SA11AI.9516
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP	VP Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	690.00	
CURTOTAL of Descirts This Page (artists)		90.00
SUBTUTAL of Receipts This Page (optional	J)	30.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: **PAGE** 9 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) Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 2010 10 21 City Zip Code State Transaction ID: SA11AI.9529 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 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 11 04 2010 City State Zip Code Transaction ID: SA11AI.9530 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 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laura Davis Date of Receipt Mailing Address 212 Meriline Ave. 11 18 2010 City Zip Code State Transaction ID: SA11AI.9531 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 260.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 10 OF 53 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) Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 2010 10 21 City State Zip Code Transaction ID: SA11AI.9532 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 Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 11 04 2010 City State Zip Code Transaction ID: SA11AI.9533 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 790.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Deferio Date of Receipt Mailing Address 7723 Majestic Drive 11 18 2010 City State Zip Code Transaction ID: SA11AI.9534 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 830.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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

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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) Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 2010 10 21 City Zip Code State Transaction ID: SA11AI.9541 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 Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 740.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road 11 04 2010 City State Zip Code Transaction ID: SA11AI.9542 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road M M 11 18 2010 City Zip Code State Transaction ID: SA11AI.9543 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 820.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 12 OF 53 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 2010 10 21 City State Zip Code Transaction ID: SA11AI.9554 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 EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 1080.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 11 04 2010 City State Zip Code Transaction ID: SA11AI.9555 Slingerlands NY 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Name of Employer Occupation MVP EVP, CFO Receipt For: Aggregate Year-to-Date ▼ Primary General 1140.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place M M / 11 18 2010 City State Zip Code Transaction ID: SA11AI.9556 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, CFO MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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ITEMIZED RECEIPTS 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 Gajewski Date of Receipt Mailing Address 166 Jordan Blvd 2010 10 22 City Zip Code State Transaction ID: SA11AI.9563 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care Director EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Gajewski Date of Receipt Mailing Address 166 Jordan Blvd 11 05 2010 City State Zip Code Transaction ID: SA11AI.9564 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care Director EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Gajewski Date of Receipt Mailing Address 166 Jordan Blvd M M / 11 19 2010 City Zip Code State Transaction ID: SA11AI.9565 NY Delmar 12054 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Director EPMO MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 370.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	FOR LINE	NUMBER:	: PAGI	= 14 O	F 5
Use separate schedule(s)	(check only	one)			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
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or for commercial purposes, other than using	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) A. Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		10 21 2010
City	State Zip Code	Transaction ID : SA11AI.9566
Rochester	NY 14607	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	VP Medical Quality Management	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		1.1 04 _ 2010 _
City	State Zip Code	Transaction ID : SA11AI.9567
Rochester	NY 14607	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	30.00
Name of Employer	Occupation	
MVP Health Care	VP Medical Quality Management]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Dominic Galante	·	Date of Receipt
Mailing Address 220 Alexander Street		11 18 2010
City	State Zip Code	Transaction ID : SA11AI.9568
Rochester	NY 14607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care	VP Medical Quality Management	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	390.00	
	7 7	
SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line num	ber only)	

FOR LINE NUMBER: PAGE 15 OF 53 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) Joyce Gallimore Date of Receipt Mailing Address 3 Bay Crest Drive 2010 10 21 City State Zip Code Transaction ID: SA11AI.9572 VT South Burlington 05403 Amount of Each Receipt this Period FEC ID number of contributing C 12.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 234.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joyce Gallimore Date of Receipt Mailing Address 3 Bay Crest Drive 11 04 2010 City State Zip Code Transaction ID: SA11AI.9573 VT South Burlington 05403 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 246.00 Other (specify) Full Name (Last, First, Middle Initial) c. Joyce Gallimore Date of Receipt Mailing Address 3 Bay Crest Drive M M / 11 18 2010 City State Zip Code Transaction ID: SA11AI.9574 South Burlington VT 05403 Amount of Each Receipt this Period FEC ID number of contributing C 12.00 federal political committee. Name of Employer Occupation Administrative MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 258.00 Other (specify) 36.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s)	(check	only or	ne)					
for each category of the	X 11:	a \square	11b		11c		12	
Detailed Summary Page	13		14		15		16	Г

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) A. Al Gatti Mailing Address 8 Wendy Lane		Date of Receipt
City	State Zin Code	10 21 2010
City W. Hartford	State Zip Code CT 06117	Transaction ID : SA11AI.9575
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 45.00
Name of Employer MVP	Occupation Exec VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 895.00	
Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive		Date of Receipt
		10 21 2010
City	State Zip Code	Transaction ID : SA11AI.9579
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer MVP	Occupation VP Health Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) C. Bill Geddings		Date of Receipt
Mailing Address 75 Robinwood Drive		11 04 2010
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.9580
-	141 12005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation]
MVP	VP Health Services	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	440.00	
SUBTOTAL of Receipts This Page (optional)		85.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 17 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) Bill Geddings Date of Receipt Mailing Address 75 Robinwood Drive 2010 11 18 City State Zip Code Transaction ID: SA11AI.9581 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 VP Health Services Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 10 21 2010 City State Zip Code Transaction ID: SA11AI.9585 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 11 04 2010 City Zip Code State Transaction ID: SA11AI.9586 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 1580.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 18 OF 53 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 Road 2010 11 18 City Zip Code State Transaction ID: SA11AI.9587 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 VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1660.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 10 21 2010 City State Zip Code Transaction ID: SA11AI.9588 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 1370.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 11 04 2010 City Zip Code State Transaction ID: SA11AI.9589 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1440.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 19 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(cneck only one) 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 price name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	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 ▼ 1510.00	Date of Receipt 11 18 2010 Transaction ID: SA11AI.9590 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12056 C Occupation IT Ombudsman Aggregate Year-to-Date ▼ 210.00	Date of Receipt 10 21 2010 Transaction ID : SA11AI.9591 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12056 C Occupation IT Ombudsman Aggregate Year-to-Date ▼ 220.00	Date of Receipt 11 04 2010 Transaction ID: SA11AI.9592 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 20 OF 53 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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) Michael Greppo Date of Receipt Mailing Address 134 Overlook Lane 2010 11 18 City State Zip Code Transaction ID: SA11AI.9593 NY Duanesburg 12056 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP IT Ombudsman Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 10 21 2010 City State Zip Code Transaction ID: SA11AI.9597 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1680.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 04 11 2010 City Zip Code State Transaction ID: SA11AI.9598 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 1760.00 Other (specify) 170.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 21 OF 53 Use separate schedule(s)

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		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼ 1840.00	Date of Receipt 11 18 2010 Transaction ID: SA11AI.9599 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12306 C Occupation Administrative Aggregate Year-to-Date ▼	Date of Receipt 11 05 2010 Transaction ID: SA11AI.9607 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12306 C Occupation Administrative Aggregate Year-to-Date ▼	Date of Receipt 11 19 2010 Transaction ID: SA11AI.9608 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 22 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) Gary Hughes Date of Receipt Mailing Address 1602 Bradley Street 2010 10 21 City State Zip Code Transaction ID: SA11AI.9612 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Gary Hughes Date of Receipt Mailing Address 1602 Bradley Street 11 04 2010 City State Zip Code Transaction ID: SA11AI.9613 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gary Hughes Date of Receipt Mailing Address 1602 Bradley Street 11 18 2010 City State Zip Code Transaction ID: SA11AI.9614 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Administrative MVP 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

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 23 OF 53

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the nar		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Property For:	State Zip Code NY 14450 C ccupation P Information Technology ggregate Year-to-Date 630.00	Date of Receipt 10 21 2010 Transaction ID: SA11AI.9618 Amount of Each Receipt this Period 30.00
Fairport FEC ID number of contributing federal political committee. Name of Employer MVP VE	State Zip Code NY 14450 C ccupation P Information Technology ggregate Year-to-Date 660.00	Date of Receipt 11 04 2010 Transaction ID: SA11AI.9619 Amount of Each Receipt this Period 30.00
Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Property For:	State Zip Code NY 14450 C ccupation P Information Technology ggregate Year-to-Date 690.00	Date of Receipt 11 18 2010 Transaction ID: SA11AI.9620 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional))	90.00
TOTAL This Period (last page this line number only)	

FOR LINE NUMBER: PAGE 24 OF 53 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) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2010 10 22 City Zip Code State Transaction ID: SA11AI.9624 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 11 05 2010 City State Zip Code Transaction ID: SA11AI.9625 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 790.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 11 19 2010 City Zip Code State Transaction ID: SA11AI.9626 NY Albany 12208 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 830.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

	FOF	R LINE	NU	IMBER	:	PAGE	2	5 O	F	53
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for each category of the Detailed Summary Page		11a		11b		11c		12		
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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) William John Date of Receipt Mailing Address 5 Sonat Road 10 2010 21 City Zip Code State Transaction ID: SA11AI.9630 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. William John Date of Receipt Mailing Address 5 Sonat Road 11 04 2010 City State Zip Code Transaction ID: SA11AI.9631 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. William John Date of Receipt Mailing Address 5 Sonat Road M M / 11 18 2010 City Zip Code State Transaction ID: SA11AI.9632 NY Clifton Park 12065 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Administrative MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify)

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

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

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FOR LINE NUMBER: PAGE 26 OF 53 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) Barbara Leonard Date of Receipt Mailing Address 848 DeCamp Avenue 2010 10 21 City Zip Code State Transaction ID: SA11AI.9639 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Barbara Leonard Date of Receipt Mailing Address 848 DeCamp Avenue 11 04 2010 City State Zip Code Transaction ID: SA11AI.9640 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) c. Barbara Leonard Date of Receipt Mailing Address 848 DeCamp Avenue 11 18 2010 City Zip Code State Transaction ID: SA11AI.9641 NY Schenectady 12309 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Administrative MVP 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

	FOF	R LINE	NU	IMBER	:	PAGE	: 2	27 O	F	53
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persone 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) Joseph Lia		Date of Receipt
Mailing Address 12 Sutherland Drive		10 21 2010
City	State Zip Code	Transaction ID : SA11AI.9645
Highland Mills	NY 10930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP	VP of Mid-Hudson Region	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	620.00	
Other (specify) ▼	630.00	
Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
Mailing Address 12 Sutherland Drive	1	M M / D D / Y Y Y Y Y
City	State Zip Code	11 04 2010 Transaction ID : \$A11 A1 9646
Highland Mills	NY 10930	Transaction ID : SA11AI.9646 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	30.00
Name of Employer	Occupation	
MVP	VP of Mid-Hudson Region	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	660.00	
Other (specify) ▼	000.00	
Full Name (Last, First, Middle Initial) C. Joseph Lia		Date of Receipt
Mailing Address 12 Sutherland Drive		11 18 _ 2010 _
City	State Zip Code	11 18 2010 Transaction ID : SA11AI.9647
Highland Mills	NY 10930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
MVP	VP of Mid-Hudson Region	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	690.00	
SUBTOTAL of Receipts This Page (optional)	•	90.00
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SCHEDULE A (FEC Form 3X)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane City State Charlotte VT FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) General		Date of Receipt 10 21 2010 Transaction ID: SA11AI.9648 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) 3. William V. Little Mailing Address 300 Partridge Lane City State Charlotte VT FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) General		Date of Receipt 11 04 2010 Transaction ID: SA11Al.9649 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane City State Charlotte VT FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) General		Date of Receipt 11 18 2010 Transaction ID: SA11AI.9650 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		90.00
TOTAL This Period (last page this line number only)		

FOR LINE NUMBER: PAGE 29 OF 53 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

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) Carl Maleri Jr. Date of Receipt Mailing Address 19 Crimson Way 2010 10 21 City Zip Code State Transaction ID: SA11AI.9663 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 VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Maleri Jr. Date of Receipt Mailing Address 19 Crimson Way 11 04 2010 City State Zip Code Transaction ID: SA11AI.9664 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Maleri Jr. Date of Receipt Mailing Address 19 Crimson Way 11 18 2010 City Zip Code State Transaction ID: SA11AI.9665 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 920.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 30 OF 53 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) Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 04 2010 11 City State Zip Code Transaction ID: SA11AI.9667 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 VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) Full Name (Last, First, Middle Initial) B. Augusta Martin Date of Receipt Mailing Address 457 Crescent Ave 11 18 2010 City State Zip Code Transaction ID: SA11AI.9669 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 VP Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 10 21 2010 City Zip Code State Transaction ID: SA11AI.9677 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation VP, Business Excellence MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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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 Drive 04 2010 11 City Zip Code State Transaction ID: SA11AI.9678 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 880.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 11 18 2010 City State Zip Code Transaction ID: SA11AI.9679 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 920.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna Michele Date of Receipt Mailing Address 24 Kraus Road 10 21 2010 City Zip Code State Transaction ID: SA11AI.9680 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation Administrative MVP 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)..... - 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) Donna Michele Date of Receipt Mailing Address 24 Kraus Road 04 2010 11 City Zip Code State Transaction ID: SA11AI.9681 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donna Michele Date of Receipt Mailing Address 24 Kraus Road 11 18 2010 City State Zip Code Transaction ID: SA11AI.9682 NY Albany 12203 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Administrative Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) C. James Morrill Date of Receipt Mailing Address 54 Henderson Road 10 21 2010 City Zip Code State Transaction ID: SA11AI.9683 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 EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 70.00 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) James Morrill Date of Receipt Mailing Address 54 Henderson Road 04 2010 11 City State Zip Code Transaction ID: SA11AI.9684 NY 12077 Glenmont Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Morrill Date of Receipt Mailing Address 54 Henderson Road 11 18 2010 City State Zip Code Transaction ID: SA11AI.9685 NY Glenmont 12077 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP EVP, HR Receipt For: Aggregate Year-to-Date ▼ Primary General 1150.00 Other (specify) Full Name (Last, First, Middle Initial) c. Kari Mysliwiec Date of Receipt Mailing Address 1 Vitucci Ct M = M 10 22 2010 City Zip Code State Transaction ID: SA11AI.9686 NY Cohoes 12047 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Health Care **Actuary Supervisor** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 110.00 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	X 11a	11b	11c	12	
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	Statements may not be sold or used by any persible 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) Kari Mysliwiec Meiling Address 4 Vivesi Ot		Date of Receipt
Mailing Address 1 Vitucci Ct		11 05 _ 2010 _
City	State Zip Code	Transaction ID : SA11AI.9687
Cohoes	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	-
MVP Health Care	Actuary Supervisor	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) 3. Kari Mysliwiec		Date of Receipt
Mailing Address 1 Vitucci Ct		11 19 2010
City	State Zip Code	Transaction ID : SA11AI.9688
Cohoes	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP Health Care	Actuary Supervisor	_
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) C. Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond Drive		10 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Voorheesville	State Zip Code NY 12186	Transaction ID : SA11AI.9695 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	-
MVP	Director of Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	
SUBTOTAL of Receipts This Page (optional).		40.00
TOTAL This Period (last page this line number	er only)	

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	I Statements may not be sold or used by any persite name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	IPAC	
Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond Drive		11 04 2010
City Voorheesville	State Zip Code NY 12186	Transaction ID : SA11AI.9696 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Director of Finance Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive		Date of Receipt
City Voorheesville	State Zip Code NY 12186	Transaction ID : SA11AI.9697 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer MVP	Occupation Director of Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		10 21 2010
City Albany	State Zip Code NY 12205	Transaction ID : SA11AI.9698 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. Receipt For:	Corp VP of Operations	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
SUBTOTAL of Receipts This Page (optional).		70.00
TOTAL This Period (last page this line number	er only)	

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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) David Orlando Date of Receipt Mailing Address 3 Clare Castle 04 2010 11 City Zip Code State Transaction ID: SA11AI.9699 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 660.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Orlando Date of Receipt Mailing Address 3 Clare Castle 11 18 2010 City State Zip Code Transaction ID: SA11AI.9700 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 690.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Everret Patterson Date of Receipt Mailing Address 285 Pinebrook Drive 10 22 2010 City Zip Code State Transaction ID: SA11AI.9701 NY Hyde Park 12538 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP Regional Sales Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 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 (check only one) X 11a 11b 11c

37 OF 53 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) **Everret Patterson** Date of Receipt Mailing Address 285 Pinebrook Drive 05 2010 11 City Zip Code State Transaction ID: SA11AI.9702 NY Hyde Park 12538 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Regional Sales Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Everret Patterson Date of Receipt Mailing Address 285 Pinebrook Drive 11 19 2010 City State Zip Code Transaction ID: SA11AI.9703 Hyde Park NY 12538 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Regional Sales Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donald Rahn Date of Receipt Mailing Address 931 Northumberland Dr. 10 22 2010 City Zip Code State Transaction ID: SA11AI.9719 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation Assoc. Director MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional).....

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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) Donald Rahn Date of Receipt Mailing Address 931 Northumberland Dr. 05 2010 11 City Zip Code State Transaction ID : SA11AI.9720 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Name of Employer Occupation MVP Health Care Assoc. Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Donald Rahn Date of Receipt Mailing Address 931 Northumberland Dr. 11 19 2010 City State Zip Code Transaction ID: SA11AI.9721 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Name of Employer Occupation MVP Health Care Assoc. Director Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Aneli Rivera-Platt Date of Receipt Mailing Address 215 Dunrovin Lane 10 22 2010 City Zip Code State Transaction ID: SA11AI.9731 NY Rochester 14618 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **HR** Director MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 39 OF 53 Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC	
Full Name (Last, First, Middle Initial) Aneli Rivera-Platt		Date of Receipt
Mailing Address 215 Dunrovin Lane		11 05 2010
City	State Zip Code	Transaction ID : SA11AI.9732
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	†
MVP	HR Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Aneli Rivera-Platt		Date of Receipt
Mailing Address 215 Dunrovin Lane		M = M / D = D / Y = Y = Y
City	State Zip Code	11 19 2010
City Rochester	NY 14618	Transaction ID : SA11AI.9733
	14010	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	10.00
Name of Employer	Occupation	1
MVP	HR Director	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) C. Ellen Runyon	1	Date of Receipt
Mailing Address 625 State Street		10 21 2010
City	State Zip Code	Transaction ID : SA11AI.9737
Schenectady	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
MVP	VP of E Business	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	420.00	
SUBTOTAL of Receipts This Page (options	al)	40.00
TOTAL This Davied (Issue associated P		
IDIAL This Period (last page this line nur	mber only)	

FOR LINE NUMBER: PAGE 40 OF 53 Use separate schedule(s) for each category of the Detailed Summary Page

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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) A. Ellen Runyon Mailing Address 625 State Street		Date of Receipt
		11 04 2010
City	State Zip Code	Transaction ID : SA11AI.9738
Schenectady	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	_
MVP	VP of E Business	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial)	440.00	
3. Ellen Runyon		Date of Receipt
Mailing Address 625 State Street		11 182010 _
City	State Zip Code	Transaction ID : SA11AI.9739
Schenectady	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	1
MVP	VP of E Business	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.00	
Full Name (Last, First, Middle Initial) C. Thomas Ryan		Date of Receipt
Mailing Address 24 Bluestone Ridge		10 22 2010
City Clifton Park	State Zip Code NY 12065	Transaction ID : SA11AI.9740 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	-
MVP Health Care	VP Underwriting	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	630.00	
SUBTOTAL of Receipts This Page (optional)	·····	70.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 41 OF 53 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) Thomas Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 05 2010 11 City State Zip Code Transaction ID: SA11AI.9741 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 MVP Health Care VP Underwriting Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) B. Thomas Ryan Date of Receipt Mailing Address 24 Bluestone Ridge 11 19 2010 City State Zip Code Transaction ID: SA11AI.9742 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 VP Underwriting Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 10 21 2010 City Zip Code State Transaction ID: SA11AI.9743 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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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 Avenue 04 2010 11 City State Zip Code Transaction ID: SA11AI.9744 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 **VP Sales** Receipt For: Aggregate Year-to-Date ▼ Primary General 660.00 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Sauer Date of Receipt Mailing Address 160 Fifth Avenue 11 18 2010 City State Zip Code Transaction ID: SA11AI.9745 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 VP Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) Full Name (Last, First, Middle Initial) c. Margaret Stevenson Date of Receipt Mailing Address 3968 Thrush Ln 10 22 2010 City Zip Code State Transaction ID: SA11AI.9761 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation **Director National Accounts** MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 43 OF (check only one) X 11a 11b 12 11c

53 Use separate schedule(s) 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) Margaret Stevenson Date of Receipt Mailing Address 3968 Thrush Ln 05 2010 11 City Zip Code State Transaction ID: SA11AI.9762 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Health Care **Director National Accounts** Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. Margaret Stevenson Date of Receipt Mailing Address 3968 Thrush Ln 11 19 2010 City State Zip Code Transaction ID: SA11AI.9763 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Health Care **Director National Accounts** Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** David Stitt Date of Receipt Mailing Address 684 Macelroy Road 10 21 2010 City Zip Code State Transaction ID: SA11AI.9764 NY Ballston Spa 12019 Amount of Each Receipt this Period FEC ID number of contributing 10.00 С federal political committee. Name of Employer Occupation MVP **Pharmacy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 30.00 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) David Stitt Date of Receipt Mailing Address 684 Macelroy Road 04 2010 11 City State Zip Code Transaction ID: SA11AI.9765 NY Ballston Spa 12019 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Pharmacy Director Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** David Stitt Date of Receipt Mailing Address 684 Macelroy Road 11 18 2010 City State Zip Code Transaction ID: SA11AI.9766 Ballston Spa NY 12019 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP **Pharmacy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 10 21 2010 City Zip Code State Transaction ID: SA11AI.9767 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 40.00 С federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 60.00 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) Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 04 2010 11 City Zip Code State Transaction ID: SA11AI.9768 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 790.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 11 18 2010 City State Zip Code Transaction ID: SA11AI.9769 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 830.00 Other (specify) Full Name (Last, First, Middle Initial) c. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 10 21 2010 City State Zip Code Transaction ID: SA11AI.9779 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation CIO MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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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) John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 04 2010 11 City State Zip Code Transaction ID: SA11AI.9780 CT Middletown 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 790.00 Other (specify) Full Name (Last, First, Middle Initial) B. John Vangraafeiland Date of Receipt Mailing Address 85 Pinehurst Place 11 18 2010 City State Zip Code Transaction ID: SA11AI.9781 Middletown CT 06457 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 830.00 Other (specify) Full Name (Last, First, Middle Initial) c. Shanon Vollmer Date of Receipt Mailing Address 30 Wilton Court M = M 10 21 2010 City Zip Code State Transaction ID: SA11AI.9782 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 630.00 Other (specify) 110.00 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 S or for commercial purposes, other than using the	Statements may not be sold or used by any personal parame 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 F	PAC	
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt
		11 04 2010
City Clifton Bark	State Zip Code	Transaction ID : SA11AI.9784
Clifton Park	NY 12065	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.	Associate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	660.00	
Full Name (Last, First, Middle Initial) 3. Shanon Vollmer		Date of Receipt
Mailing Address 30 Wilton Court		11 18 2010
City	State Zip Code	Transaction ID : SA11AI.9785
Clifton Park	NY 12065	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.	Associate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	690.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 19 Stonegath Road		10 21 2010
City Ballston Lake	State Zip Code NY 12019	Transaction ID : SA11AI.9789 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
MVP	Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
SUBTOTAL of Receipts This Page (optional)	>	70.00
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page		11a		11b		11c		12	
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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) James Wall Date of Receipt Mailing Address 19 Stonegath Road 04 2010 11 City State Zip Code Transaction ID: SA11AI.9790 NY **Ballston Lake** 12019 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer Occupation MVP Director Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) B. James Wall Date of Receipt Mailing Address 19 Stonegath Road 11 18 2010 City State Zip Code Transaction ID: SA11AI.9791 **Ballston Lake** NY 12019 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Name of Employer Occupation MVP Director Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name (Last, First, Middle Initial) c. Tracey Welch Date of Receipt Mailing Address 134 Thornberry Lane 10 22 2010 City Zip Code State Transaction ID: SA11AI.9798 NY Rensselaer 12144 Amount of Each Receipt this Period FEC ID number of contributing 20.00 С federal political committee. Name of Employer Occupation MVP Health Care Director Medical and Network Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) 40.00 SUBTOTAL of Receipts This Page (optional).....

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TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 OF 53 (check only one) X 11a 11b 11c 12
	I Statements may not be sold or used by any	person for the purpose of soliciting contributions
	the name and address of any political committee	
Full Name (Last, First, Middle Initial) 1. Tracey Welch		Date of Receipt
Mailing Address 134 Thornberry Lane		11 05 2010
City Rensselaer	State Zip Code NY 12144	Transaction ID : SA11AI.9799 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Health Care Receipt For: Primary General	Occupation Director Medical and Network Analysis Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	340.00	
Tracey Welch Mailing Address 134 Thornberry Lane		Date of Receipt 11 19 2010
City	State Zip Code NY 12144	Transaction ID : SA11AI.9800
Rensselaer FEC ID number of contributing federal political committee.	NY 12144	Amount of Each Receipt this Period 20.00
Name of Employer MVP Health Care	Occupation Director Medical and Network Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) C. Peter Whitehouse		Date of Receipt
Mailing Address 16 Oak Hill Drive		10 21 Y Y Y Y Y Y
City Loudon	State Zip Code NH 03307	Transaction ID : SA11AI.9801 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer	Occupation Sales Director - NH///T	
MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Sales Director - NH/VT Aggregate Year-to-Date ▼ 330.00	1

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

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

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FOR LINE NUMBER: PAGE 50 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

53

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 04 2010 11 City Zip Code State Transaction ID: SA11AI.9802 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 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) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 11 18 2010 City State Zip Code Transaction ID: SA11AI.9803 NH 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) 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) 60.00 SUBTOTAL of Receipts This Page (optional)..... 3841.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	TOTAL INCLUDENT.			AGE 51 OF 53	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	le(s) (check only one)			
	Detailed Summary Page	21b	22 🗙 23 24	25 20	
		27	28a 28b 28c		
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	The and address of any point	car committee to	SOIICIT CONTINUUTORS ITOM SU	cii committee.	
NAME OF COMMITTEE (In Full)	-				
$ angle$ MVP Health Care Inc. Federal PA $^{ m G}$	j				
Full Name (Last, First, Middle Initial)					
A. ARCURI FOR CONGRESS			Date of Disbursement		
			M M / D D /	Y Y Y Y Y	
Mailing Address P.O. Box 8508			10 15	2010	
City	State Zip Code				
Utica	NY 13505		Transaction ID : SB23.9	9838	
Purpose of Disbursement					
		011	Amount of Each Disburse	ement this Period	
Candidate Name		Category/		0000.00	
MICHAEL A. ARCURI		Type		2000.00	
Office Sought: House Disburse	ment For: 2010				
Senate	Primary General				
President	Other (specify) ▼				
State: NY District: 24					
Full Name (Last, First, Middle Initial)					
3- CHRIS GIBSON FOR CONGRES:	S		Date of Disbursement		
			M = M / D = D /	Y Y Y Y	
Mailing Address PO Box 247			10 26	2010	
City	State Zip Code				
Kinderhook	NY 12106		Transaction ID : SB23.9	9843	
Purpose of Disbursement					
		011	Amount of Each Disburse	ement this Period	
Candidate Name		Category/		2000.00	
CHRIS P GIBSON		Type		2000.00	
Office Sought: House Disburse	ment For: 2010				
Senate	Primary General				
President	Other (specify) ▼				
State: NY District: 20					
Full Name (Last, First, Middle Initial) - DOHENY FOR CONGRESS			Date of Disbursement		
DOHENT FOR CONGRESS				Y Y Y Y	
Mailing Address 107 Court Street			10 25	2010	
PO Box 257					
City	State Zip Code		Transaction ID : SP22 (0040	
Watertown	NY 13601		Transaction ID : SB23.9	70 4 U	
Purpose of Disbursement		011			
	Candidate Name				
MATT DOHENY		Туре		2000.00	
	ment For: 2010				
Senate	Primary General				
President Pictriot: 22	Other (specify) ▼				
State: NY District: 23					
				6000.00	
SUBTOTAL of Disbursements This Page (optional)		·····		0000.00	
TOTAL Title Desired #					
TOTAL This Period (last page this line number only)			1 1 10 1	

Use separate schedule(s) for each category of the Detailed Summary Page				PAGE 52 OF 53	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribut or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) A. FRIENDS OF DAN MAFFEI Mailing Address PO Box 74 City State Zip Code NY 13214 Purpose of Disbursement Candidate Name DANIEL B MR. MAFFEI Office Sought: House Senate President State: NY District: 25 Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Disbursement For: 2010 Other (specify) Category/ Type Category/ Type Date of Disbursement this F Category/ Type Amount of Each Disbursement this F Candidate Name Category/ Type Office Sought: House Senate President Senate President Other (specify) Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Date of Disbursement	FEMIZED DISBURSEMENTS		(check only one) 21b 22 X 23 24		
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Candidate Name DANIEL B MR. MAFFEI Office Sought:	2).4040	NY 13214		. ranoaotion is .	0220.0000
DANIEL B MR. MAFFEI Office Sought: House Senate President State: NY District: 25 Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President Primary General Primary General Other (specify) ▼ Amount of Each Disbursement this Formary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Formary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement	Purpose of Disbursement	1	011	Amount of Each [Disbursement this Period
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Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement	Office Sought: House Disbursem	l nent For:	туре	7	7
State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement	Senate	Primary General			
Mailing Address City State Zip Code Purpose of Disbursement		Cities (opeony)			
Mailing Address City State Zip Code Purpose of Disbursement	· · · · · · · · · · · · · · · · · · ·			Date of Dishurser	ment
City State Zip Code Purpose of Disbursement	·				
Purpose of Disbursement	Mailing Address				
	City	State Zip Code			
Amount of Each Dishursement this F	Purpose of Disbursement				
Candidate Name Category/ Type	Candidate Name		Category/	Amount of Each I	Disbursement this Period
Office Sought: House	Senate President	Primary General	,,		
State: District:	State: District:				
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)				2000.00
TOTAL This Period (last page this line number only)	TOTAL This Paried (last page this line number and)		<u> </u>		8000.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 53 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

53

	ME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC			
	A. Full Name (Last, First, Middle Initial) of Debtor Deluxe Business Checks	or Creditor		Nature of Debt (Purpose): Check Printing
İ	Mailing Address P.O. Box 742572			
	City State Cincinnati	Zip Code OH	45274	
Ì	Outstanding Balance Beginning This Period			Transaction ID : SD10.4163
	145.00			
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	145.00
İ	B. Full Name (Last, First, Middle Initial) of Debtor of Media Well Done	or Creditor		Nature of Debt (Purpose): Advertising
	Mailing Address 96 Jay Street			
ŀ	City State	Zip Code		
	Schenectady	NY	12305	
	Outstanding Balance Beginning This Period 338.00			Transaction ID: SD10.4165
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	338.00
Ī	C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose):
	Mailing Address			
	City	State	Zip Code	
•	Outstanding Balance Beginning This Period			
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
			7	
1)	SUBTOTALS This Period This Page (optional)		1	483.00
2)	TOTALS This Period (last page this line number of	only)		483.00
3)	TOTAL OUTSTANDING LOANS from Schedule C	(last page only	·)]	0.00
4)	ADD 2) and 3) and carry forward to appropriate li	ine of Summary	Page (last page only) I	483.00