

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="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 multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3841.00	26245.00
(ii) Unitemized	1086.00	16575.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4927.00	42820.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4927.00	42820.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	4927.00	42820.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4927.00	42820.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	39000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	35.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	35.00
29. Other Disbursements	0.00	17.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8000.00	39052.50
32. 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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4927.00	42820.00
34. Total Contribution Refunds (from Line 28(d))	0.00	35.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4927.00	42785.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 53
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Ms. Mary Bianchi

Mailing Address 6 Doris Drive

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

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

Name of Employer MVP Service Corp	Occupation VP, Sales Ops
--------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2010

Transaction ID : SA11AI.9499

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)
B. Ms. Mary Bianchi

Mailing Address 6 Doris Drive

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

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

Name of Employer MVP Service Corp	Occupation VP, Sales Ops
--------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2010

Transaction ID : SA11AI.9500

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)
C. Ms. Mary Bianchi

Mailing Address 6 Doris Drive

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

Name of Employer MVP Service Corp	Occupation VP, Sales Ops
--------------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2010

Transaction ID : SA11AI.9501

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Sue Ann Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Court
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9511
 Amount of Each Receipt this Period
 20.00

B. Sue Ann Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Court
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.9512
 Amount of Each Receipt this Period
 20.00

C. Sue Ann Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Court
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2010
Transaction ID : SA11AI.9513
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Carl Cameron

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010

Transaction ID : SA11AI.9514

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Carl Cameron

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2010

Transaction ID : SA11AI.9515

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
C. Carl Cameron

Mailing Address 285 Willowcrest Drive

City State Zip Code
 Rochester NY 14618

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

Name of Employer Occupation
 MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 690.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2010

Transaction ID : SA11AI.9516

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 212 Meriline Ave.

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

Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2010

Transaction ID : SA11AI.9529

Amount of Each Receipt this Period
20.00

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

Mailing Address 212 Meriline Ave.

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

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

Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2010

Transaction ID : SA11AI.9530

Amount of Each Receipt this Period
20.00

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

Mailing Address 212 Meriline Ave.

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

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

Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2010

Transaction ID : SA11AI.9531

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patricia Deferio			Date of Receipt
Mailing Address 7723 Majestic Drive			<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.9532
Liverpool	NY	13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="40.00"/>
Name of Employer	Occupation		
MVP	Regional Network Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Patricia Deferio			Date of Receipt
Mailing Address 7723 Majestic Drive			<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.9533
Liverpool	NY	13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="40.00"/>
Name of Employer	Occupation		
MVP	Regional Network Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="790.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Patricia Deferio			Date of Receipt
Mailing Address 7723 Majestic Drive			<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.9534
Liverpool	NY	13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="40.00"/>
Name of Employer	Occupation		
MVP	Regional Network Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="830.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Frank Fanshawe
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Ridgehill Road
 City State Zip Code
 Schenectady NY 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 740.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9541
 Amount of Each Receipt this Period
 40.00

B. Mr. Frank Fanshawe
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Ridgehill Road
 City State Zip Code
 Schenectady NY 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.9542
 Amount of Each Receipt this Period
 40.00

C. Mr. Frank Fanshawe
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Ridgehill Road
 City State Zip Code
 Schenectady NY 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 820.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2010
Transaction ID : SA11AI.9543
 Amount of Each Receipt this Period
 40.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mark Fish
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation EVP, CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9554
 Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
B. Mark Fish
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation EVP, CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1140.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.9555
 Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
C. Mark Fish
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation EVP, CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2010
Transaction ID : SA11AI.9556
 Amount of Each Receipt this Period
 60.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 13 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 166 Jordan Blvd

City State Zip Code
 Delmar NY 12054

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

Name of Employer Occupation
 MVP Health Care Director EPMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 330.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010

Transaction ID : SA11AI.9563

Amount of Each Receipt this Period
 20.00

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

Mailing Address 166 Jordan Blvd

City State Zip Code
 Delmar NY 12054

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

Name of Employer Occupation
 MVP Health Care Director EPMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2010

Transaction ID : SA11AI.9564

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
c. John Gajewski

Mailing Address 166 Jordan Blvd

City State Zip Code
 Delmar NY 12054

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

Name of Employer Occupation
 MVP Health Care Director EPMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2010

Transaction ID : SA11AI.9565

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
City	State	Zip Code
Rochester	NY	14607
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9566
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP Health Care	VP Medical Quality Management	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
City	State	Zip Code
Rochester	NY	14607
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9567
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP Health Care	VP Medical Quality Management	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
Rochester	NY	14607
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.9568
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP Health Care	VP Medical Quality Management	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 OF 53
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MVP Health Care Inc. Federal PAC

A. Joyce Gallimore
Full Name (Last, First, Middle Initial)
Mailing Address 3 Bay Crest Drive

City South Burlington	State VT	Zip Code 05403
--------------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
234.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2010

Transaction ID : SA11AI.9572

Amount of Each Receipt this Period
12.00

B. Joyce Gallimore
Full Name (Last, First, Middle Initial)
Mailing Address 3 Bay Crest Drive

City South Burlington	State VT	Zip Code 05403
--------------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
246.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2010

Transaction ID : SA11AI.9573

Amount of Each Receipt this Period
12.00

C. Joyce Gallimore
Full Name (Last, First, Middle Initial)
Mailing Address 3 Bay Crest Drive

City South Burlington	State VT	Zip Code 05403
--------------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Administrative
-------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2010

Transaction ID : SA11AI.9574

Amount of Each Receipt this Period
12.00

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Al Gatti
 Mailing Address 8 Wendy Lane
 City State Zip Code
 W. Hartford CT 06117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Exec VP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 895.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9575
 Amount of Each Receipt this Period
 45.00

Full Name (Last, First, Middle Initial)
B. Bill Geddings
 Mailing Address 75 Robinwood Drive
 City State Zip Code
 Clifton Park NY 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP VP Health Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9579
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Bill Geddings
 Mailing Address 75 Robinwood Drive
 City State Zip Code
 Clifton Park NY 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP VP Health Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.9580
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 85.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Bill Geddings

Mailing Address 75 Robinwood Drive

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 18 / 2010

Transaction ID : SA11AI.9581

Amount of Each Receipt this Period
20.00

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

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 21 / 2010

Transaction ID : SA11AI.9585

Amount of Each Receipt this Period
80.00

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

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1580.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2010

Transaction ID : SA11AI.9586

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **180.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1660.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2010
Transaction ID : SA11AI.9587

Amount of Each Receipt this Period
80.00

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

Mailing Address 803 Via Marchella

City Schenectady State NY Zip Code 12303

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1370.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9588

Amount of Each Receipt this Period
70.00

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

Mailing Address 803 Via Marchella

City Schenectady State NY Zip Code 12303

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.9589

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 220.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella
City Schenectady State NY Zip Code 12303
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation EVP & Chief Legal Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1510.00

Date of Receipt 11 / 18 / 2010
Transaction ID : SA11AI.9590
Amount of Each Receipt this Period 70.00

B. Michael Greppo
Full Name (Last, First, Middle Initial)
Mailing Address 134 Overlook Lane
City Duanesburg State NY Zip Code 12056
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation IT Ombudsman
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 21 / 2010
Transaction ID : SA11AI.9591
Amount of Each Receipt this Period 10.00

c. Michael Greppo
Full Name (Last, First, Middle Initial)
Mailing Address 134 Overlook Lane
City Duanesburg State NY Zip Code 12056
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation IT Ombudsman
Receipt For: Primary General Other (specify) ▼
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 only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 134 Overlook Lane

City Duanesburg State NY Zip Code 12056

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

Name of Employer MVP Occupation IT Ombudsman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 18 / 2010

Transaction ID : SA11AI.9593

Amount of Each Receipt this Period
100.00

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1680.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 21 / 2010

Transaction ID : SA11AI.9597

Amount of Each Receipt this Period
80.00

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1760.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 04 / 2010

Transaction ID : SA11AI.9598

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **170.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 21 OF 53
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1840.00

Date of Receipt
 11 / 18 / 2010
Transaction ID : SA11AI.9599

Amount of Each Receipt this Period
 80.00

B. Rosemarie Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 11 / 05 / 2010
Transaction ID : SA11AI.9607

Amount of Each Receipt this Period
 20.00

C. Rosemarie Hogan
Full Name (Last, First, Middle Initial)

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Gary Hughes
Full Name (Last, First, Middle Initial)

Mailing Address 1602 Bradley Street

City Schenectady State NY Zip Code 12309

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2010

Transaction ID : SA11AI.9612

Amount of Each Receipt this Period
10.00

B. Gary Hughes
Full Name (Last, First, Middle Initial)

Mailing Address 1602 Bradley Street

City Schenectady State NY Zip Code 12309

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2010

Transaction ID : SA11AI.9613

Amount of Each Receipt this Period
10.00

C. Gary Hughes
Full Name (Last, First, Middle Initial)

Mailing Address 1602 Bradley Street

City Schenectady State NY Zip Code 12309

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 18 / 2010

Transaction ID : SA11AI.9614

Amount of Each Receipt this Period
10.00

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

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

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

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

FOR LINE NUMBER: PAGE 23 OF 53
(check only one)

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

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

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

Mailing Address 38 Fox Hill Drive

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

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2010

Transaction ID : SA11AI.9618

Amount of Each Receipt this Period

30.00

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

Mailing Address 38 Fox Hill Drive

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

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2010

Transaction ID : SA11AI.9619

Amount of Each Receipt this Period

30.00

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

Mailing Address 38 Fox Hill Drive

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

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

Name of Employer MVP	Occupation VP Information Technology
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		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).....▶	

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

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

FOR LINE NUMBER: PAGE 24 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2010
Transaction ID : SA11AI.9624

Amount of Each Receipt this Period
40.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **790.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2010
Transaction ID : SA11AI.9625

Amount of Each Receipt this Period
40.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2010
Transaction ID : SA11AI.9626

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **120.00**

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

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

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

FOR LINE NUMBER: PAGE 25 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5 Sonat Road

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010

Transaction ID : SA11AI.9630

Amount of Each Receipt this Period
 10.00

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

Mailing Address 5 Sonat Road

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2010

Transaction ID : SA11AI.9631

Amount of Each Receipt this Period
 10.00

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

Mailing Address 5 Sonat Road

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2010

Transaction ID : SA11AI.9632

Amount of Each Receipt this Period
 10.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Barbara Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 DeCamp Avenue
 City Schenectady State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9639
 Amount of Each Receipt this Period
 10.00

B. Barbara Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 DeCamp Avenue
 City Schenectady State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.9640
 Amount of Each Receipt this Period
 10.00

C. Barbara Leonard
 Full Name (Last, First, Middle Initial)
 Mailing Address 848 DeCamp Avenue
 City Schenectady State NY Zip Code 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2010
Transaction ID : SA11AI.9641
 Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 12 Sutherland Drive

City Highland Mills	State NY	Zip Code 10930
------------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP of Mid-Hudson Region
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2010

Transaction ID : SA11AI.9645

Amount of Each Receipt this Period

30.00

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

Mailing Address 12 Sutherland Drive

City Highland Mills	State NY	Zip Code 10930
------------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP of Mid-Hudson Region
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 04 / 2010

Transaction ID : SA11AI.9646

Amount of Each Receipt this Period

30.00

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

Mailing Address 12 Sutherland Drive

City Highland Mills	State NY	Zip Code 10930
------------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP of Mid-Hudson Region
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 18 / 2010

Transaction ID : SA11AI.9647

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
10 / 21 / 2010

Transaction ID : SA11AI.9648

Amount of Each Receipt this Period
30.00

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt
11 / 04 / 2010

Transaction ID : SA11AI.9649

Amount of Each Receipt this Period
30.00

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 29 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Carl Maleri Jr.

Mailing Address 19 Crimson Way

City State Zip Code
 Webster NY 14580

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

Name of Employer Occupation
 MVP VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010

Transaction ID : SA11AI.9663

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Carl Maleri Jr.

Mailing Address 19 Crimson Way

City State Zip Code
 Webster NY 14580

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

Name of Employer Occupation
 MVP VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2010

Transaction ID : SA11AI.9664

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Carl Maleri Jr.

Mailing Address 19 Crimson Way

City State Zip Code
 Webster NY 14580

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

Name of Employer Occupation
 MVP VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2010

Transaction ID : SA11AI.9665

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Date of Receipt
11 / 04 / 2010
Transaction ID : SA11AI.9667

Amount of Each Receipt this Period
30.00

B. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave

City Saratoga	State NY	Zip Code 12866
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care	Occupation VP Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Date of Receipt
11 / 18 / 2010
Transaction ID : SA11AI.9669

Amount of Each Receipt this Period
30.00

C. Laurie Metheny
Full Name (Last, First, Middle Initial)
Mailing Address 21 Joellen Drive

City Rochester	State NY	Zip Code 14626
FEC ID number of contributing federal political committee. C		
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Date of Receipt
10 / 21 / 2010
Transaction ID : SA11AI.9677

Amount of Each Receipt this Period
40.00

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

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

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

FOR LINE NUMBER: PAGE 31 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.9678

Amount of Each Receipt this Period
 40.00

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

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2010
Transaction ID : SA11AI.9679

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Donna Michele

Mailing Address 24 Kraus Road

City State Zip Code
 Albany NY 12203

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

Name of Employer Occupation
 MVP Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9680

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

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

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

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

FOR LINE NUMBER: PAGE 32 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Donna Michele

Mailing Address 24 Kraus Road

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 11 / 04 / 2010
Transaction ID : SA11AI.9681

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Donna Michele

Mailing Address 24 Kraus Road

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 11 / 18 / 2010
Transaction ID : SA11AI.9682

Amount of Each Receipt this Period
 10.00

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

Mailing Address 54 Henderson Road

City Glenmont State NY Zip Code 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1050.00

Date of Receipt
 10 / 21 / 2010
Transaction ID : SA11AI.9683

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James Morrill
Full Name (Last, First, Middle Initial)
Mailing Address 54 Henderson Road
City Glenmont State NY Zip Code 12077
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation EVP, HR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 04 / 2010
Transaction ID : SA11AI.9684
Amount of Each Receipt this Period 50.00

B. James Morrill
Full Name (Last, First, Middle Initial)
Mailing Address 54 Henderson Road
City Glenmont State NY Zip Code 12077
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation EVP, HR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 18 / 2010
Transaction ID : SA11AI.9685
Amount of Each Receipt this Period 50.00

C. Kari Mysliwec
Full Name (Last, First, Middle Initial)
Mailing Address 1 Vitucci Ct
City Cohoes State NY Zip Code 12047
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation Actuary Supervisor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2010
Transaction ID : SA11AI.9686
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)
A. Kari Mysliwicz

Mailing Address 1 Vitucci Ct

City Cohoes State NY Zip Code 12047

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

Name of Employer MVP Health Care Occupation Actuary Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2010

Transaction ID : SA11AI.9687

Amount of Each Receipt this Period
10.00

Full Name (Last, First, Middle Initial)
B. Kari Mysliwicz

Mailing Address 1 Vitucci Ct

City Cohoes State NY Zip Code 12047

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

Name of Employer MVP Health Care Occupation Actuary Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 19 / 2010

Transaction ID : SA11AI.9688

Amount of Each Receipt this Period
10.00

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

Mailing Address 71 East Claremond Drive

City Voorheesville State NY Zip Code 12186

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

Name of Employer MVP Occupation Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2010

Transaction ID : SA11AI.9695

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 71 East Claremond Drive

City State Zip Code
 Voorheesville NY 12186

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

Name of Employer Occupation
 MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.9696

Amount of Each Receipt this Period
 20.00

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

Mailing Address 71 East Claremond Drive

City State Zip Code
 Voorheesville NY 12186

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

Name of Employer Occupation
 MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 370.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2010
Transaction ID : SA11AI.9697

Amount of Each Receipt this Period
 20.00

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

Mailing Address 3 Clare Castle

City State Zip Code
 Albany NY 12205

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9698

Amount of Each Receipt this Period
 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	04	/	2010

Transaction ID : SA11AI.9699

Amount of Each Receipt this Period

30.00

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

Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2010

Transaction ID : SA11AI.9700

Amount of Each Receipt this Period

30.00

C. Everret Patterson
Full Name (Last, First, Middle Initial)

Mailing Address 285 Pinebrook Drive

City Hyde Park	State NY	Zip Code 12538
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Sales Manager
-------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	22	/	2010

Transaction ID : SA11AI.9701

Amount of Each Receipt this Period

10.00

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

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

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

FOR LINE NUMBER: PAGE 37 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Everret Patterson

Mailing Address 285 Pinebrook Drive

City State Zip Code
 Hyde Park NY 12538

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

Name of Employer Occupation
 MVP Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2010

Transaction ID : SA11AI.9702

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
B. Everret Patterson

Mailing Address 285 Pinebrook Drive

City State Zip Code
 Hyde Park NY 12538

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

Name of Employer Occupation
 MVP Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2010

Transaction ID : SA11AI.9703

Amount of Each Receipt this Period
 10.00

Full Name (Last, First, Middle Initial)
C. Donald Rahn

Mailing Address 931 Northumberland Dr.

City State Zip Code
 Niskayuna NY 12309

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

Name of Employer Occupation
 MVP Health Care Assoc. Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2010

Transaction ID : SA11AI.9719

Amount of Each Receipt this Period
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Donald Rahn
Full Name (Last, First, Middle Initial)

Mailing Address 931 Northumberland Dr.

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Assoc. Director
-------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2010

Transaction ID : SA11AI.9720

Amount of Each Receipt this Period
20.00

B. Donald Rahn
Full Name (Last, First, Middle Initial)

Mailing Address 931 Northumberland Dr.

City Niskayuna	State NY	Zip Code 12309
-------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation Assoc. Director
-------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2010

Transaction ID : SA11AI.9721

Amount of Each Receipt this Period
20.00

C. Aneli Rivera-Platt
Full Name (Last, First, Middle Initial)

Mailing Address 215 Dunrovin Lane

City Rochester	State NY	Zip Code 14618
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation HR Director
-------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	22	/	2010

Transaction ID : SA11AI.9731

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 OF 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Aneli Rivera-Platt
Full Name (Last, First, Middle Initial)
Mailing Address 215 Dunrovin Lane

City Rochester	State NY	Zip Code 14618
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation HR Director
-------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2010

Transaction ID : SA11AI.9732

Amount of Each Receipt this Period
10.00

B. Aneli Rivera-Platt
Full Name (Last, First, Middle Initial)
Mailing Address 215 Dunrovin Lane

City Rochester	State NY	Zip Code 14618
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation HR Director
-------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2010

Transaction ID : SA11AI.9733

Amount of Each Receipt this Period
10.00

C. Ellen Runyon
Full Name (Last, First, Middle Initial)
Mailing Address 625 State Street

City Schenectady	State NY	Zip Code 12047
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP of E Business
-------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2010

Transaction ID : SA11AI.9737

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Ellen Runyon
Full Name (Last, First, Middle Initial)
Mailing Address 625 State Street

City Schenectady	State NY	Zip Code 12047
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP of E Business
-------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2010

Transaction ID : SA11AI.9738

Amount of Each Receipt this Period
20.00

B. Ellen Runyon
Full Name (Last, First, Middle Initial)
Mailing Address 625 State Street

City Schenectady	State NY	Zip Code 12047
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP of E Business
-------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2010

Transaction ID : SA11AI.9739

Amount of Each Receipt this Period
20.00

C. Thomas Ryan
Full Name (Last, First, Middle Initial)
Mailing Address 24 Bluestone Ridge

City Clifton Park	State NY	Zip Code 12065
----------------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP Underwriting
-------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2010

Transaction ID : SA11AI.9740

Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2010

Transaction ID : SA11AI.9741

Amount of Each Receipt this Period
30.00

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2010

Transaction ID : SA11AI.9742

Amount of Each Receipt this Period
30.00

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

Mailing Address 160 Fifth Avenue

City Saratoga Springs State NY Zip Code 12866

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

Name of Employer MVP Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2010

Transaction ID : SA11AI.9743

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt
11 / 04 / 2010
Transaction ID : SA11AI.9744

Amount of Each Receipt this Period
30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
690.00

Date of Receipt
11 / 18 / 2010
Transaction ID : SA11AI.9745

Amount of Each Receipt this Period
30.00

C. Margaret Stevenson
Full Name (Last, First, Middle Initial)

Mailing Address 3968 Thrush Ln

City State Zip Code
Liverpool NY 13090

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

Name of Employer Occupation
MVP Health Care Director National Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 22 / 2010
Transaction ID : SA11AI.9761

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Margaret Stevenson			Date of Receipt
Mailing Address 3968 Thrush Ln			<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.9762
Liverpool	NY	13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
MVP Health Care	Director National Accounts		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Margaret Stevenson			Date of Receipt
Mailing Address 3968 Thrush Ln			<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.9763
Liverpool	NY	13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
MVP Health Care	Director National Accounts		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. David Stitt			Date of Receipt
Mailing Address 684 Macelroy Road			<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
City	State	Zip Code	Transaction ID : SA11AI.9764
Ballston Spa	NY	12019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
MVP	Pharmacy Director		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 44 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David Stitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 684 Macelroy Road
 City State Zip Code
 Ballston Spa NY 12019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Pharmacy Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.9765
 Amount of Each Receipt this Period
 10.00

B. David Stitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 684 Macelroy Road
 City State Zip Code
 Ballston Spa NY 12019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Pharmacy Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2010
Transaction ID : SA11AI.9766
 Amount of Each Receipt this Period
 10.00

c. Tracy Tadar-Ott
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Everett Drive
 City State Zip Code
 Rochester NY 14624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP VP, Sales
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9767
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 45 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 790.00

Date of Receipt
 11 / 04 / 2010
Transaction ID : SA11AI.9768

Amount of Each Receipt this Period
 40.00

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

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 830.00

Date of Receipt
 11 / 18 / 2010
Transaction ID : SA11AI.9769

Amount of Each Receipt this Period
 40.00

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

Mailing Address 85 Pinehurst Place

City State Zip Code
 Middletown CT 06457

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

Name of Employer Occupation
 MVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 10 / 21 / 2010
Transaction ID : SA11AI.9779

Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 85 Pinehurst Place

City State Zip Code
 Middletown CT 06457

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

Name of Employer Occupation
 MVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 790.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2010

Transaction ID : SA11AI.9780

Amount of Each Receipt this Period
 40.00

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

Mailing Address 85 Pinehurst Place

City State Zip Code
 Middletown CT 06457

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

Name of Employer Occupation
 MVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 830.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2010

Transaction ID : SA11AI.9781

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code
 Clifton Park NY 12065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2010

Transaction ID : SA11AI.9782

Amount of Each Receipt this Period
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 47 OF 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Shanon Vollmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Wilton Court
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2010
Transaction ID : SA11AI.9784
 Amount of Each Receipt this Period
 30.00

B. Shanon Vollmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Wilton Court
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 690.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2010
Transaction ID : SA11AI.9785
 Amount of Each Receipt this Period
 30.00

C. James Wall
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 Stonegath Road
 City Ballston Lake State NY Zip Code 12019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2010
Transaction ID : SA11AI.9789
 Amount of Each Receipt this Period
 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. James Wall
Full Name (Last, First, Middle Initial)

Mailing Address 19 Stonegath Road

City Ballston Lake State NY Zip Code 12019

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

Name of Employer MVP Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2010

Transaction ID : SA11AI.9790

Amount of Each Receipt this Period
 10.00

B. James Wall
Full Name (Last, First, Middle Initial)

Mailing Address 19 Stonegath Road

City Ballston Lake State NY Zip Code 12019

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

Name of Employer MVP Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2010

Transaction ID : SA11AI.9791

Amount of Each Receipt this Period
 10.00

C. Tracey Welch
Full Name (Last, First, Middle Initial)

Mailing Address 134 Thornberry Lane

City Rensselaer State NY Zip Code 12144

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

Name of Employer MVP Health Care Occupation Director Medical and Network Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2010

Transaction ID : SA11AI.9798

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional).....▶	40.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 53
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Tracey Welch
Full Name (Last, First, Middle Initial)
Mailing Address 134 Thornberry Lane

City Rensselaer	State NY	Zip Code 12144
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Director Medical and Network Analysis
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2010

Transaction ID : SA11AI.9799

Amount of Each Receipt this Period

20.00

B. Tracey Welch
Full Name (Last, First, Middle Initial)
Mailing Address 134 Thornberry Lane

City Rensselaer	State NY	Zip Code 12144
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care	Occupation Director Medical and Network Analysis
-------------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2010

Transaction ID : SA11AI.9800

Amount of Each Receipt this Period

20.00

C. Peter Whitehouse
Full Name (Last, First, Middle Initial)
Mailing Address 16 Oak Hill Drive

City Loudon	State NH	Zip Code 03307
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	21	/	2010

Transaction ID : SA11AI.9801

Amount of Each Receipt this Period

30.00

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

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

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

FOR LINE NUMBER: PAGE 50 OF 53
(check only one)

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

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

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

Mailing Address 16 Oak Hill Drive

City Loudon	State NH	Zip Code 03307
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	04	/	2010

Transaction ID : SA11AI.9802

Amount of Each Receipt this Period
30.00

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

Mailing Address 16 Oak Hill Drive

City Loudon	State NH	Zip Code 03307
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2010

Transaction ID : SA11AI.9803

Amount of Each Receipt this Period
30.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	3841.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. ARCURI FOR CONGRESS

Mailing Address P.O. Box 8508

City State Zip Code
Utica NY 13505

Purpose of Disbursement

011

Candidate Name

MICHAEL A. ARCURI

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID : SB23.9838

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. CHRIS GIBSON FOR CONGRESS

Mailing Address PO Box 247

City State Zip Code
Kinderhook NY 12106

Purpose of Disbursement

011

Candidate Name

CHRIS P GIBSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	1	0

Transaction ID : SB23.9843

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. DOHENY FOR CONGRESS

Mailing Address 107 Court Street
PO Box 257

City State Zip Code
Watertown NY 13601

Purpose of Disbursement

011

Candidate Name

MATT DOHENY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Transaction ID : SB23.9840

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

SUBTOTAL of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAN MAFFEI

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2010

Mailing Address PO Box 74

City State Zip Code
Syracuse NY 13214

Transaction ID : SB23.9836

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2000.00

Candidate Name

DANIEL B MR. MAFFEI

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 25

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

2000.00

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

8000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 53 OF 53
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

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

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

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	483.00
2) TOTALS This Period (last page this line number 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 line of Summary Page (last page only) ▶	483.00