Image# 12970872104				Р	AGE 1 / 79
FEC FORM 3X	REPORT OF AND DISBUR For Other Than An Auti	SEMENT	S	Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type 12FF		
MVP Health Care Inc.	Federal PAC				
ADDRESS (number and street)	625 State Street				
Check if different					
than previously reported. (ACC)	Schenectady		NY	12305	-
2. FEC IDENTIFICATION N	UMBER V CIT	Y 🔺	STATE	▲ ZIP C	ODE 🔺
C C00431429			NEW OR X	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report (July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Report (TER) 	Report Image: Constraint of the second s	20 (M3) 20 (M4) 20 (M4) 20 (M4) 20 (M4) 20 (M4) 20 Primary (12F Convention (Convention (m on 20 Convention (General (30C		unoff (30R)	special (30S)
5. Covering Period	7 01 2010	through	09 30		
Type or Print Name of Treasure	er <u>Mr. Frank Fanshawe</u> Frank Fanshawe	[Electronically	Filed] Date	04 / D D /	2012
NOTE: Submission of false, error	neous, or incomplete information	n may subject the pers	son signing this Repo	ort to the penalties of 2	2 U.S.C. §437g.
Office Use Only				FEC FO Rev. 12	

04/11/2012 13 : 46

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

-	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	- Page 2
	Write or Type Committee Name		
	MVP Health Care Inc. Federal PA	ΥC	
	Report Covering the Period: From:	07 01 / YEYEY 07 01 To:	M = M / D = D / Y = Y = Y = Y 09 30 2010
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	. (a) Cash on Hand January 1, 2010	[36700.84
	(b) Cash on Hand at Beginning of Reporting Period	43805.34	
	(c) Total Receipts (from Line 19)	12584.00	36206.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	56389.34	72906.84
7.	. Total Disbursements (from Line 31)	6535.00	23052.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49854.34	49854.34
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	0. 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

		AILED SUMMARY PAGE of Receipts	Baga 3
N	FEC Form 3X (Rev. 06/2004) /rite or Type Committee Name		Page 3
	IVP Health Care Inc. Federal PAC		
R	eport Covering the Period: From: 07	/ D D / Y Y Y Y 01 2010 To:	09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	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)	8317.00	21207.00
	(ii) Unitemized	4267.00	14999.00
	Lines 11(a)(i) and (ii)	12584.00	36206.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12584.00	36206.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	12584.00	36206.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)►	12584.00	36206.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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
Transfers to Affiliated/Other Party	0.00	0.00
Committees Contributions to Federal Candidates/Committees	0.00	
and Other Political Committees Independent Expenditures	6500.00	23000.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	30.00	35.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		0.00
(such as PACs)	0.00	
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶ 	30.00	35.00
Other Disbursements	5.00	17.50
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6535.00	23052.50
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	6535.00	23052.50

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	12584.00	36206.00	
 Total Contribution Refunds (from Line 28(d)) 	30.00	35.00	
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	12554.00	36171.00	
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00	
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00	
 Net Operating Expenditures (subtract Line 37 from Line 36) 	0.00	0.00	

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date ▼ 390.00 390.00	Date of Receipt
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive		Date of Receipt
City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date ▼	Transaction ID : SA11AI.8525 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date ▼ 450.00 450.00	Date of Receipt 07 29 2010 Transaction ID : SA11AI.8526 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 REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date ▼ 480.0	Date of Receipt
Full Name (Last, First, Middle Initial) B. Ms. Mary Bianchi Mailing Address 6 Doris Drive	·	Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.8528
Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify) ▼	NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date ▼ 510.0 510.0	Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive		Date of Receipt
City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date ▼ 540.0	09 09 2010 Transaction ID : SA11AI.8529 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 REC	EIPTS	;	

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

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•••			Detailed Summary Page		-		11b	11c		12	—
Ar	ny information copied from such Reports an	d Statements ma	Ay not be sold or used by any p	erson	13 for the	pur	14 pose o	15 of solicitin	g co	16 ntribut	tions
or	for commercial purposes, other than using	the name and a	ddress of any political committee	e to so	licit coi	ntrib	outions	from suc	h co	mmitt	ee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC									
<u>А.</u>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi				Date of	f Re	eceipt				
	Mailing Address 6 Doris Drive				м м 09	/	23			010	Y
	City	State	Zip Code			acti		: SA11AI			
	Scotia	NY	12302		Amount	t of	Each	Receipt tl	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	30	.00
	Name of Employer	Occupation									
	MVP Service Corp	VP, Sales 0	Dps								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General			11.							
	Other (specify)		570.00								
в.	Full Name (Last, First, Middle Initial) Charles Bloss				Date of	f Re	eceipt				
	Mailing Address 708 Stephens Place				м м 07	/	01		2() 010	Y
	City	State	Zip Code		Trans	acti	on ID	: SA11AI			
	Schenectady	NY	12303		Amount	t of	Each	Receipt tl	nis F	'eriod	
	FEC ID number of contributing federal political committee.	С					7	7	_	40.	.00
	Name of Employer	Occupation		_							
	MVP	VP & chief	Actuary								
	Receipt For:	Aggregate	Aggregate Year-to-Date ▼								
	Primary General Other (specify) ▼		520.00	1							
— c.	Full Name (Last, First, Middle Initial) Charles Bloss				Date of	f Re	ceipt				
	Mailing Address 708 Stephens Place				м м 07	/	1) 010	Y
	City	State	Zip Code		Trans	act	ion ID	: SA11A	.853	9	
	Schenectady	NY	12303		Amount	t of	Each	Receipt tl	nis F	'eriod	
	FEC ID number of contributing federal political committee.	C					,	7	_	40	0.00
	Name of Employer	Occupation		_							
	MVP	VP & chief	Actuary								
	Receipt For:		Year-to-Date ▼								
	Primary General			1							
	Other (specify)		560.00								
s	UBTOTAL of Receipts This Page (optional)			•			,	7		110.	.00

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

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page		11a		11b	11c	12	
		Detailed Summary Fage	×	13		14	15	16	17
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC								
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee.	State NY	Zip Code 12303			/ sact	29 ion ID		nis Perioc	Y I D.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP & chief Aggregate					,	~		
Full Name (Last, First, Middle Initial) B. Charles Bloss Mailing Address 708 Stephens Place City	State	Zip Code		Date of	1	D 12	2	2010	Y
Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	NY C Occupation VP & chief /	12303					: SA11AI. Receipt th	nis Perioc	0.00
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP & chief Aggregate				/ sact	26 ion ID		nis Perioc	
SUBTOTAL of Receipts This Page (optional)						7	3	120	.00

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	-		12			
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Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	PAC								
Full Name (Last, First, Middle Initial) A. Charles Bloss Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State NY C Occupation VP & chief A Aggregate	Year-to-Date ▼			/ sacti	09		his Perio	d 0.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) B.		680.00		Date of	f Re	eceipt			
Mailing Address 9 Wembly Court	State	Zip Code	_ [м м 07 Trans	/ acti	01		2010 .8551	Y
Delmar FEC ID number of contributing federal political committee. Name of Employer	NY C Occupation	12054	A	moun	t of	Each I	Receipt th		d 0.00
MVP Receipt For: Primary General Other (specify) v	Administration	ve Year-to-Date ▼ 260.00]						
Full Name (Last, First, Middle Initial) C. Sue Ann Brown				Date of	f Re	eceipt			
Mailing Address 9 Wembly Court	State	Zip Code		M M 07 Trans		15 ion ID		2010 . 8552	Y
Delmar FEC ID number of contributing	NY	12054	A	moun	t of	Each I	Receipt th		d 20.00
federal political committee. Name of Employer	Occupation		-			7			0.00
MVP Receipt For: Primary General Other (specify)	Administrati	ve Year-to-Date ▼ 280.00]						
SUBTOTAL of Receipts This Page (optional).						-	7	4(0.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

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	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	AC	
Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date ▼ 300.00 300.00	Date of Receipt
Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY Zip Code 12054 C C Occupation Administrative	Date of Receipt 08 26 2010 Transaction ID : SA11AI.8555 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)......

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

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TEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the	person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date ▼ 360.00 360.00	Date of Receipt 09 09 2010 Transaction ID : SA11AI.8556 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) B. Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date ▼ 380.00 380.00	Date of Receipt 09 23 2010 Transaction ID : SA11AI.8557 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) C. Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 390.00 390.00	Date of Receipt 07 01 2010 Transaction ID : SA11AI.8558 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).....

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports or for commercial purposes, other than us	person for the purpose of soliciting contributions tee to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed	eral PAC	
Full Name (Last, First, Middle Initial) A. Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 14618	Date of Receipt
MVP Receipt For: Primary General Other (specify) ▼	VP Medical Director Aggregate Year-to-Date ▼ 420.00	
B. Full Name (Last, First, Middle Initial) Mailing Address 285 Willowcrest Drive	State Zip Code	Date of Receipt 07 29 2010 Transaction ID : SA11AI.8560
Rochester FEC ID number of contributing federal political committee.	NY 14618	Amount of Each Receipt this Period
Name of Employer MVP Receipt For: Primary General Other (specify) v	Occupation VP Medical Director Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) C. Carl Cameron		Date of Receipt
Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee.	State Zip Code NY 14618	08 12 2010 Transaction ID : SA11AI.8561 Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP Medical Director Aggregate Year-to-Date ▼ 480.00]
SUBTOTAL of Receipts This Page (option		90.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	_
Any information copied from such Reports and S									
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		ddress of any political committee	e to so	licit co	ontrik	outions	from suc	ו commit	tee.
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation VP Medical Aggregate				sact	26 ion ID		nis Perioc	Y 1 0.00
Full Name (Last, First, Middle Initial) B. Carl Cameron Mailing Address 285 Willowcrest Drive		<u></u>		Date o	of Re	eceipt		2010	Y
City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14618		Trans		ion ID :	: SA11AI. Receipt th	8563 his Perioc	1 D.00
Name of Employer MVP Receipt For: Primary	Occupation VP Medical Aggregate]						
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation VP Medical Aggregate				sact	23 tion ID		nis Perioc	
SUBTOTAL of Receipts This Page (optional)		•••••••••••••••••••••••••••••••••••••••				,		90	0.00

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial) A. Patricia Deferio Mailing Address 7723 Majestic Drive			Date of Receipt
City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.8602 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP Receipt For:		etwork Director	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 430.00]
Full Name (Last, First, Middle Initial) B. Patricia Deferio Mailing Address 7723 Majestic Drive			Date of Receipt
City	State	Zip Code	07 15010 Transaction ID : SA11AI.8603
Liverpool	NY	13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP	Occupation Regional N	n etwork Director	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 470.00]
Full Name (Last, First, Middle Initial) C. Patricia Deferio			Date of Receipt
Mailing Address 7723 Majestic Drive			M M / D D / Y Y Y Y Y 07 29 2010
City Liverpool	State NY	Zip Code 13090	Transaction ID : SA11AI.8604 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP	Occupation Regional N	n letwork Director	
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 510.00]
SUBTOTAL of Receipts This Page (optional).			120.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the	person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F		
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 13090 C Occupation Occupation Regional Network Director Aggregate Year-to-Date ▼ 550.00	Date of Receipt 08 / 12 / 2010 Transaction ID : SA11AI.8605 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) B. Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 13090 C Occupation Occupation Regional Network Director Aggregate Year-to-Date ▼ 590.00	Date of Receipt 08 26 2010 Transaction ID : SA11AI.8606 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 13090 C Occupation Occupation Regional Network Director Aggregate Year-to-Date ▼ 630.00	Date of Receipt 09 09 2010 Transaction ID : SA11AI.8607 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).....

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC								
Full Name (Last, First, Middle Initial) A. Patricia Deferio Mailing Address 7723 Majestic Drive				Date of	f Rec	ceipt 23		y y 2010	Y
City	State	Zip Code		Trans	sactio	on ID :	SA11AI.	8608	
Liverpool FEC ID number of contributing federal political committee.	NY C	13090		Amoun	t of E	Each F	Receipt th		3 0.00
Name of Employer	Occupation								
MVP	Regional N	etwork Director							
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 670.00							
Full Name (Last, First, Middle Initial) B. Mr. Frank Fanshawe				Date of	f Red	ceipt			
Mailing Address 430 Ridgehill Road		7.0.1		M M 07	/	01		2010	Y
City	State NY	Zip Code 12303					SA11AI.		
Schenectady FEC ID number of contributing federal political committee.	С		/	Amoun	tofi	Each F	Receipt th).00
Name of Employer MVP	Occupation Treasurer								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00							
Full Name (Last, First, Middle Initial) C. Mr. Frank Fanshawe				Date of	f Red	ceipt			
Mailing Address 430 Ridgehill Road				м м 07	1	D 15		2010	Y
City Schenectady	State NY	Zip Code 12303	/				: SA11AI . Receipt th		1
FEC ID number of contributing federal political committee.	C					,	7	4(0.00
Name of Employer	Occupation		_						
MVP	Treasurer								
Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 460.00							
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Full Name (Last, First, Middle Initial) A. Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady	State NY	Zip Code 12303	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	C Occupation Treasurer Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP	State NY C Occupation Treasurer	Zip Code 12303	Date of Receipt
Receipt For: Primary General Other (specify) v		Year-to-Date ▼ 540.00]
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation Treasurer Aggregate	Zip Code 12303 Year-to-Date ▼ 580.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			120.00

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	ny information copied from such Reports and s for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	bullono						
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road				Date o	of R	eceipt	D / Y	YY	Y			
	<u></u>	01-1-	7	09 09 2010									
	City Schenectady	State NY	Zip Code 12303	Transaction ID : SA11AI.8630 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			Amoun		,			u 10.00			
	Name of Employer	Occupation											
	MVP	Treasurer											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 620.00	1									
B.	Full Name (Last, First, Middle Initial) . Mr. Frank Fanshawe				Date o	of R	eceipt						
	Mailing Address 430 Ridgehill Road		09 23 2010										
	City	State	Zip Code		Trans	sac	tion ID	: SA11AI	8631				
-	Schenectady	NY	12303	- :	Amount of Each Receipt this Period					d			
	FEC ID number of contributing federal political committee.	С								0.00			
	Name of Employer	Occupation											
	MVP	Treasurer		_									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 660.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Mark Fish				Date o	of R	eceipt						
	Mailing Address 500 Normanskill Place				07 01 _2010 _								
	City Slingerlands	State NY	Zip Code 12159					: SA11AI Receipt tl		d			
	FEC ID number of contributing federal political committee.	С					,		e	60.00			
	Name of Employer	Occupation		_									
	MVP	EVP, CFO											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00										
s	UBTOTAL of Receipts This Page (optional)			•			7		14	0.00			

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FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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$\left \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	al PAC													
	Full Name (Last, First, Middle Initial) Mark Fish				Data of	Dessi									
Α.	Mailing Address 500 Normanskill Place				Date of		-			Y 1	Y				
	City	State	Zip Code	07 15 2010 Transaction ID : SA11AI.8654											
	Slingerlands	NY	12159	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С								60	.00				
	Name of Employer	Occupation	1	-											
	MVP	EVP, CFO													
	Receipt For: Primary General	Aggregate	Year-to-Date ▼												
	Other (specify)		660.00												
В.	Full Name (Last, First, Middle Initial) Mark Fish					Date of Receipt									
	Mailing Address 500 Normanskill Place		07	/ D	29		Y Y	010	Y						
	City	State	Zip Code		Trans	action I									
	Slingerlands	NY	12159		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C			60.00										
	Name of Employer MVP	Occupation EVP, CFO	1												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]											
<u> </u>	Full Name (Last, First, Middle Initial) Mark Fish				Date of	Receir									
0.	Mailing Address 500 Normanskill Place				Date of Receipt										
	City	State	Zip Code		Trans	action	ID :	SA11							
	Slingerlands	NY	12159		Amount	t of Eac	h F	Receip	t this F	Period					
	FEC ID number of contributing federal political committee.			5	_		,	60	.00						
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	MVP	EVP, CFO													
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		780.00]											
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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TTEMIZED RECEIPTS	ECEIPTS for each category of the Detailed Summary Page					11b 4	11c	12	17
Any information copied from such Reports and or for commercial purposes, other than using	I Statements may the name and add	not be sold or used by any p ress of any political committee	erson f e to so	13 or the licit co	purpo	ose of	15 f soliciting from suc	g contribu h commit	utions ttee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC								
A. Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place	State	Zip Code		Date of 08 Trans	/	26		2010 .8657	Y
Slingerlands FEC ID number of contributing federal political committee.	NY C Occupation	12159		Amoun	t of E	ach F	Receipt th		d 0.00
Name of Employer MVP Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 840.00]						
B. Hull Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place	sh ^{dress} 500 Normanskill Place						D / Y	2010	Y
City Slingerlands FEC ID number of contributing federal political committee.	State NY	Zip Code 12159		Transaction ID : SA11AI.8658 Amount of Each Receipt this Period 60.00					_
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation EVP, CFO Aggregate Ye	ar-to-Date ▼ 900.00	1						
Full Name (Last, First, Middle Initial) C. Mark Fish Mailing Address 500 Normanskill Place		Date of	_	eipt 23		2010	Y		
City Slingerlands	State NY	Zip Code 12159		Trans		n ID :	: SA11AI Receipt th		Length Le
FEC ID number of contributing federal political committee.	С		60.00						
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation EVP, CFO Aggregate Ye	ar-to-Date ▼ 960.00]						
SUBTOTAL of Receipts This Page (optional)								180).00

Use separate schedule(s) for each category of the

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC									
Full Name (Last, First, Middle Initial) A. John Gajewski Mailing Address 166 Jordan Blvd City Delmar	n Gajewski g Address 166 Jordan Blvd State Zip Code									
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period							
MVP Health Care Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	210.00]							
B. John Gajewski Mailing Address 166 Jordan Blvd	Date of Receipt									
City Delmar FEC ID number of contributing federal political committee.	State Zip Coo NY 12054	le	Transaction ID : SA11AI.8677 Amount of Each Receipt this Period 20.00							
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Occupation Director EPMO Aggregate Year-to-Date	230.00]							
Full Name (Last, First, Middle Initial) C. John Gajewski										
Mailing Address 166 Jordan Blvd City Delmar	State Zip Coc NY 12054	le	08 27 2010 Transaction ID : SA11AI.8678 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		20.00							
Name of Employer MVP Health Care Receipt For: Primary General Other (specify) v	Occupation Director EPMO Aggregate Year-to-Date	250.00]							
SUBTOTAL of Receipts This Page (option	al)		60.00							

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC	
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY Zip Code 12054 C C Occupation Director EPMO C Aggregate Year-to-Date ▼ 270.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. John Gajewski Mailing Address 166 Jordan Blvd City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12054 C Occupation Director EPMO Aggregate Year-to-Date ▼ 290.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 14607 C C Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ 210.00	Date of Receipt 08 26 2010 Transaction ID : SA11AI.8685 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		70.00

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Rochester N FEC ID number of contributing federal political committee. Image: Committee committ	tate Zip Code NY 14607 Cupation Medical Quality Management gregate Year-to-Date ▼ 240.00	Date of Receipt
Rochester N FEC ID number of contributing federal political committee. Image: Committee committ	tate Zip Code IY 14607 Cupation Medical Quality Management gregate Year-to-Date ▼ 270.00	Date of Receipt
South Burlington FEC ID number of contributing federal political committee. Name of Employer MVP Add Pageint Equ:	tate Zip Code /T 05403 cupation ninistrative gregate Year-to-Date ▼ 210.00	Date of Receipt 09 23 2010 Transaction ID : SA11AI.8701 Amount of Each Receipt this Period 12.00
SUBTOTAL of Receipts This Page (optional)		72.00

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F										
Full Name (Last, First, Middle Initial) A. Al Gatti Mailing Address 8 Wendy Lane City W. Hartford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State CT C Occupation Exec VP Aggregate	Zip Code 06117 Year-to-Date ▼ 535.00			/ sacti	01		201 . 8702		00
Full Name (Last, First, Middle Initial) B. Al Gatti Mailing Address 8 Wendy Lane	State	Zip Code		Date or	1	15	5	201	у О	Ŷ
City W. Hartford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State CT Occupation Exec VP Aggregate	06117					: SA11AI. Receipt th		eriod 45.0)0
Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane City W. Hartford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State CT Occupation Exec VP Aggregate	Zip Code 06117 Year-to-Date ▼ 625.00			/ sact	29 ion ID			0	00
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ITEMIZED REC	EIPTS	5	

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

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			Detailed Summary Page				11b 14	11c		12 16	1	7						
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC																
Α.	Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane	State	Zip Code	Date of Receipt														
	W. Hartford	СТ	06117		Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			[.		7			45.	00]						
	Name of Employer	Occupation																
	MVP	Exec VP																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 670.00															
B.	Full Name (Last, First, Middle Initial) Al Gatti				Date of	of Re	eceipt											
	Mailing Address 8 Wendy Lane				08	Л /	2		ү 20)10	Y							
	City	State CT	Zip Code					: SA11AI.										
	W. Hartford FEC ID number of contributing federal political committee.	of contributing						Amount of Each Receipt this Period 45.00										
	Name of Employer MVP	Occupation Exec VP																
	Receipt For:	Aggregate	Year-to-Date ▼ 715.00															
c.	Full Name (Last, First, Middle Initial) Al Gatti				Date of	of Re	eceipt											
	Mailing Address 8 Wendy Lane				м 09	И /	D 0) 10	Y							
	City W. Hartford	State CT	Zip Code 06117					: SA11AI Receipt th										
	FEC ID number of contributing federal political committee.	ů – Elektrik								45	.00]						
	Name of Employer	Occupation																
	MVP	Exec VP																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 760.00															
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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC									
Full Name (Last, First, Middle Initial) AI Gatti Mailing Address 8 Wendy Lane City W. Hartford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State CT C Occupation Exec VP Aggregate	Zip Code 06117 Year-to-Date ▼ 805.00			/ sacti	23 ion ID :		20 .8708		У 00
Full Name (Last, First, Middle Initial) B. Bill Geddings Mailing Address 75 Robinwood Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer	State NY C	Zip Code 12065			/ acti	01			;	Y 00
MVP Receipt For: Primary General Other (specify) ▼	VP Health S Aggregate	ervices Year-to-Date ▼ 260.00								
Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP Health S Aggregate	Zip Code 12065 Services Year-to-Date ▼ 280.00			/ sact	15 ion ID		20 . 8717	7	00
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SCHEDULE A	(FEC Form 3X)
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC							
Full Name (Last, First, Middle Initial) A. Bill Geddings Mailing Address 75 Robinwood Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP Health Serv Aggregate Yea			07 Trans	action II		his Period	
Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive City Clifton Park	State NY	Zip Code 12065		08 Trans	action II	12 12 12 : SA11AI. Receipt ti		Y
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	C Occupation VP Health Servi Aggregate Yea						20	.00
Full Name (Last, First, Middle Initial) C. Bill Geddings Mailing Address 75 Robinwood Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupation VP Health Serv Aggregate Yea			08 Trans	action II		his Period	
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	committee (In Full) ealth Care Inc. Fede	-											
A. Bill Gedd Mailing Addu City Clifton Park FEC ID nun	nber of contributing ical committee.	State NY C	Zip Code 12065		09 Trans	saction	09 09		is Period				
MVP Receipt For Prima	:	VP Health S	Services Year-to-Date ▼ 360.00]									
B. Bill Gedo	Last, First, Middle Initial) lings ^{ress} 75 Robinwood Drive				Date o	f Rece	ipt 23		2010	Y			
						Transaction ID : SA11AI.8722 Amount of Each Receipt this Period 20.00							
Name of En MVP Receipt For Primate Other	:	Occupation VP Health S Aggregate	ervices Year-to-Date ▼ 380.00]									
c. Patrick	Last, First, Middle Initial) Glavey ress 165 Windemere Road				Date o	f Rece	ipt 01		у у 2010	Ŷ			
	nber of contributing ical committee. nployer	State NY C Occupation VP, Medica	Zip Code 14610					: SA11AI. Receipt th	iis Perioo	0.00			
Receipt For Prima Other	ry General (specify) ▼	Aggregate	Year-to-Date ▼ 860.00				_		120	0.00			
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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Any information copied from such Reports and or for commercial purposes, other than using th				or the		ose of					
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC										
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	T	Zip Code 14610 re Products Year-to-Date ▼	940.00		/ acti	15 on ID :		20 . 873 :		Y 00	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP, Medica Aggregate		1020.00		/ actio	29 on ID :		8734		ў 00	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)		Zip Code 14610 Are Products Year-to-Date ▼	1100.00		/ acti	12 0n ID :		20 . 873		Y 00	
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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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			Detailed Summary Page		11a		11b 14	11c	12 16	17
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC								
Α.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road				Date o		ceipt 26		2010	Y
	City	State	Zip Code			sactio		, : SA11AI.		
	Rochester	NY	14610		Amoun	t of I	Each I	Receipt th	nis Perioc	l
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	Name of Employer	Occupation	l							
	MVP	VP, Medica	re Products							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1180.00							
В.	Full Name (Last, First, Middle Initial) Patrick Glavey				Date o	of Red	ceipt			
	Mailing Address 165 Windemere Road				м м 09	/	09		2010	Y
	City	State	Zip Code		Trans	sactio	on ID :	: SA11AI.	8738	
	Rochester	NY	14610		Amoun	t of I	Each I	Receipt th	nis Perioc	1
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	Name of Employer	Occupation	I							
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<u>с</u> .	Full Name (Last, First, Middle Initial) Patrick Glavey				Date o	f Red	ceipt			
	Mailing Address 165 Windemere Road				м м 09	/	23		ү ү 2010	Y
	City Rochester	State NY	Zip Code 14610					: SA11AI Receipt th		ł
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SCHEDULE A	(FEC	Form	3X)
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\rangle	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC										
A .	Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12303 If Legal Officer Year-to-Date ▼	810.00		/ acti	01 on ID :		.874		Y 00	
Β.	Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12303 f Legal Officer Year-to-Date ▼	880.00		/ acti	15 on ID :		8749		Y 00	
C.	Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12303 of Legal Officer Year-to-Date ▼	950.00		/ acti	29 ion ID :		20 . 875		Y 00	
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Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12303 f Legal Officer Year-to-Date ▼	1020.00		/ acti	12		20 . 8751		У 00	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼		Zip Code 12303 f Legal Officer Year-to-Date ▼	1090.00		/ acti	26 on ID :			2	У ЭО	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)		Zip Code 12303 If Legal Officer Year-to-Date ▼	1160.00		/ sact	ion ID		20 . 8753	3	Y 00	_
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC										
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date ▼	1230.00	Date of Receipt								
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road City	State Zip Code				actic	01 on ID :	SA11AI.		Y		
Loudon FEC ID number of contributing federal political committee. Name of Employer	NH 03307			Amoun	t of E	Each F	Receipt th	nis Period 80	1 0.00		
MVP Receipt For: Primary General Other (specify) ▼	Vice President Aggregate Year-to-Date ▼	1040.00									
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road	State Zip Code			Date o	/	D 15		2010	Ŷ		
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Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road	State	Zip Code		Date o 07 Trans	/	29		2010 .8771]
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Full Name (Last, First, Middle Initial) B. Christopher Henchey				Date o	of Re	eceipt				
Mailing Address 144 Berry Road				M M	1	D 12		2010	Y]
City	State	Zip Code					: SA11AI.			
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Name of Employer MVP	Occupation Vice Presid									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1280.00]							
Full Name (Last, First, Middle Initial) C. Christopher Henchey				Date o	of Re	eceipt				
Mailing Address 144 Berry Road				м м 08	/	26		ү ү 2010	Y	1
City Loudon	State NH	Zip Code 03307					: SA11AI			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC								
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee.	State NH	Zip Code 03307			sact	ion ID		nis Perio	d 0.00
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Vice Presid Aggregate					,			
Full Name (Last, First, Middle Initial) B. Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee.	State NH	Zip Code 03307			/	23 ion ID		nis Perio	d 0.00
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Vice Preside Aggregate								
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)		Zip Code 14450 tion Technology Year-to-Date ▼ 390.00			sact	ion ID		nis Perio	
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC										
A. Kevin Husted Mailing Address 38 Fox Hill Drive				Date o		ceipt	D		YYY	V	
City	State	Zip Code		07		15	5		2010	_	
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Full Name (Last, First, Middle Initial) B. Kevin Husted				Date of	of Re	ceipt					
Mailing Address 38 Fox Hill Drive				M N	/	29			ү ү 2010	Y]
City	State	Zip Code		Tran	sacti	on ID	: SA	A11AI.88	322		
Fairport	NY	14450		Amour	nt of	Each	Rec	eipt this	Perio	d	
FEC ID number of contributing federal political committee.	С					9	_	7	3	0.00)
Name of Employer MVP	Occupation VP Informa	i tion Technology									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00									
Full Name (Last, First, Middle Initial) C. Kevin Husted				Date o	of Re	ceipt					
Mailing Address 38 Fox Hill Drive				M N 08	Л /	1			ү ү 2010	Y	1
City Fairport	State NY	Zip Code 14450						A11AI.88 eipt this		d	
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Name of Employer	Occupation	1	_								
MVP	VP Informa	tion Technology									
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Other (specify)		480.00	1								
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed	eral PAC			
Full Name (Last, First, Middle Initial) A. Kevin Husted			Date of Receipt	
Mailing Address 38 Fox Hill Drive			08 26	2010
City	State	Zip Code	Transaction ID : SA11	
Fairport	NY	14450	Amount of Each Receip	t this Period
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Primary General		510.00	1	
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Full Name (Last, First, Middle Initial) B. Kevin Husted			Date of Receipt	
Mailing Address 38 Fox Hill Drive			09 09 /	2010
City	State	Zip Code	Transaction ID : SA11	AI.8825
Fairport	NY	14450	Amount of Each Receip	t this Period
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Full Name (Last, First, Middle Initial) C. Kevin Husted			Date of Receipt	
Mailing Address 38 Fox Hill Drive			09 23	2010 _
City	State	Zip Code	Transaction ID : SA11	AI.8826
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		Detailed Summary Page	(11a		11b	11c		12	—	_
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC									
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	Zip Code 12208 I Affairs Year-to-Date ▼ 430.00		acti	02		20 . 883		ў 00]	
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP of Legal Aggregate			/ acti	16 0n ID :		883		Y 00]
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP of Lega Aggregate			/ acti	30 ion ID		20 .883		00]
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 550.00	Date of Receipt
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼	Date of Receipt
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date ▼ 630.00	Date of Receipt
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		sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	al PAC	
Full Name (Last, First, Middle Initial) A. Dawn Jablonski Mailing Address 213 Hansen Ave		Date of Receipt
City Albany	State Zip Code NY 12208	09 24 2010 Transaction ID : SA11AI.8840 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupation VP of Legal Affairs Aggregate Year-to-Date ▼	670.00
B. Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive		Date of Receipt
City Highland Mills	State Zip Code NY 10930	07 01 2010 Transaction ID : SA11AI.8886 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Allount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP of Mid-Hudson Region	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	390.00
Full Name (Last, First, Middle Initial) C. Joseph Lia		Date of Receipt
Mailing Address 12 Sutherland Drive		07 / D D / Y Y Y Y 15 2010
City Highland Mills	StateZip CodeNY10930	Transaction ID : SA11AI.8887 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation VP of Mid-Hudson Region	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	420.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC											
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)		Zip Code 10930 Audson Region Year-to-Date ▼ 450.00]	0 Tra	7 Insa	ction I	29 D:	SA1		Period		
Full Name (Last, First, Middle Initial) B. Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼		Zip Code 10930 Iudson Region Year-to-Date ▼ 480.00]	M 0 Tra	8 nsao	ction II	12 D:3	SA11		Period	Y .00	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)		Zip Code 10930 Hudson Region Year-to-Date ▼ 510.00		M 0 Tra	8 Insa	ction I	26 D:	SA1 [,]		Period		
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 10930 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 540.00	Date of Receipt 09 09 2010 Transaction ID : SA11AI.8891 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 10930 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 570.00	Date of Receipt 09 23 2010 Transaction ID : SA11AI.8892 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City Binghamton FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY Zip Code 13905 C Occupation VP Southern Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	Date of Receipt
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		y any person for the purpose of soliciting contributions form such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City Binghamton FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 13905 C Occupation VP Southern Aggregate Year-to-Date ▼	Date of Receipt 07 15 2010 Transaction ID : SA11AI.8895 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City Binghamton FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 13905 C Occupation VP Southern Aggregate Year-to-Date ▼ 450	Date of Receipt 07 29 2010 Transaction ID : SA11AI.8896 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City Binghamton FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 13905 C Occupation VP Southern Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 12 2010 Transaction ID : SA11AI.8897 Amount of Each Receipt this Period 0.00
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Any information copied from such Reports and St or for commercial purposes, other than using the		y person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P		
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City Binghamton FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 13905 C Occupation VP Southern Aggregate Year-to-Date ▼ 450.00 450.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. William V. Little Mailing Address 300 Partridge Lane City Charlotte FEC ID number of contributing federal political committee.	State Zip Code VT 05445	Date of Receipt 07 01 2010 Transaction ID : SA11AI.8900 Amount of Each Receipt this Period 30.00
Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	Occupation VP Vermont Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	State Zip Code VT 05445 C Occupation VP Vermont Aggregate Year-to-Date ▼ 420.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		

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

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Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS			for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
				erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC		
Α.	Mailing Address 300 Partridge Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp.	State VT C Occupation VP Vermon		Date of Receipt 07 29 2010 Transaction ID : SA11AI.8902 Amount of Each Receipt this Period 30.00
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane			Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.8903
	Charlotte	VT	05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermon		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
с.	Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
	Mailing Address 300 Partridge Lane			08 26 2010
	City Charlotte	State VT	Zip Code 05445	Transaction ID : SA11AI.8904 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupation		_
	MVP Service Corp.	VP Vermon	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	
s	SUBTOTAL of Receipts This Page (optional)			90.00

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Pag	
		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary	State Zip Code VT 05445 C Occupation VP Vermont Aggregate Year-to-Date ▼	Date of Receipt
Other (specify)	540.0	00
Full Name (Last, First, Middle Initial) B. William V. Little Mailing Address 300 Partridge Lane City Charlotte FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	State Zip Code VT 05445 C Occupation VP Vermont Aggregate Year-to-Date ▼	Date of Receipt 09 23 2010 Transaction ID : SA11AI.8906 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP of Network Operations Aggregate Year-to-Date ▼	Date of Receipt 07 01 2010 Transaction ID : SA11Al.8935 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)		> 560.00

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12			
Any information copied from such Reports and S	Statements ma	y not be sold or used by any pe	erson f	13 or the	pur	14 pose o	15 f soliciting	16 contribu	utions		
or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC										
Full Name (Last, First, Middle Initial) Carl Maleri Jr. Mailing Address 19 Crimson Way	Chata	Zie Oode		Date o	/	01		2010	Ŷ		
City Webster	State NY	Zip Code 14580	Transaction ID : SA11AI.8936 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C			Amoun	IT OT	Each I	Receipt tr		0.00		
Name of Employer	Occupation										
MVP Receipt For: Primary General Other (specify)		riting and Analysis Year-to-Date ▼ 520.00									
Full Name (Last, First, Middle Initial) B. Carl Maleri Jr.				Date o	of Re	eceipt					
Mailing Address 19 Crimson Way				м м 07	/	D 15		2010	Y		
City Webster	State NY	Zip Code 14580					: SA11AI.				
FEC ID number of contributing federal political committee.	С	14560	/	Amoun	it of	Each I	Receipt th).00		
Name of Employer MVP	Occupation VP, Underwi	iting and Analysis									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00									
Full Name (Last, First, Middle Initial) C. Carl Maleri Jr.				Date o	of Re	eceipt					
Mailing Address 19 Crimson Way				м м 07	/	29		ү ү 2010	Y		
City Webster	State NY	Zip Code 14580	/				: SA11AI . Receipt th		1		
FEC ID number of contributing federal political committee.	С					7		40	0.00		
Name of Employer	Occupation		-								
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Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00									
SUBTOTAL of Receipts This Page (optional)						7	- 7	120	0.00		

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79

ITEMIZED RECEIPTS	for each cate		X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.	AC		
Full Name (Last, First, Middle Initial) Carl Maleri Jr. Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14580 C Occupation VP, Underwriting and Analys Aggregate Year-to-Date ▼	is 640.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Carl Maleri Jr. Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14580 C Occupation VP, Underwriting and Analysi Aggregate Year-to-Date ▼	is 680.00	Date of Receipt
Full Name (Last, First, Middle Initial) Carl Maleri Jr. Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14580 C Occupation VP, Underwriting and Analys Aggregate Year-to-Date ▼	is 720.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		····· •	120.00

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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		Detailed Summary Page		< 11a 13		11b 14	11c	12	1	17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC									
Full Name (Last, First, Middle Initial) Carl Maleri Jr. Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼		Zip Code 14580 vriting and Analysis Year-to-Date ▼ 760.00			/ sact	23 ion ID		his Perio	d 0.00]
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City	State	Zip Code		Date o	/	26		2010 . 8947	Y	
Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For:	NY C Occupation VP Marketir	ng		Amoun	t of	Each I	Receipt tl		d 0.00]
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	1							
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP Marketin Aggregate				/ sact	ion ID		his Perio]
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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the

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	Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
		y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Marketing Aggregate Year-to-Date ▼ 270.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 520.00	Date of Receipt
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 560.00	Date of Receipt 07 15 2010 Transaction ID : SA11AI.8959 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional).	1	

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

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		nd Statements ma	y not be sold or used by any	person	13 for the	purpose	of so	15 bliciting co	16 Intributi	17 ions				
			ddress of any political committe		DIICIT CO	ntributions	s fror	m such c	ommitte	<u>e.</u>				
Full Name (Last, F A. Laurie Methen Mailing Address 2	у	State	Zip Code		м м 07		9	2	2010	Y				
Rochester FEC ID number of federal political con	Ũ	NY	14626			t of Each				00				
Name of Employer MVP Receipt For: Primary Other (speci	General		ss Excellence Year-to-Date ▼ 600.00]										
B. Laurie Mether Mailing Address 2 City Rochester FEC ID number of	Mailing Address 21 Joellen Drive Dity State Zip Code						Date of Receipt							
federal political con Name of Employer MVP Receipt For: Primary Other (speci	General	Occupation VP, Busines	s Excellence Year-to-Date ▼ 640.00											
Full Name (Last, F C. Laurie Methe Mailing Address 2 City	ny	State	Zip Code		08	2	26	2	010	Y				
Rochester FEC ID number of federal political co	0	NY C	14626			saction ID t of Each				.00				
Name of Employer MVP Receipt For: Primary Other (speci	General	Aggregate	ss Excellence Year-to-Date ▼ 680.00]										
SUBTOTAL of Rece	ipts This Page (optiona	l)							120.0	00				

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Report or for commercial purposes, other than u	I s and Statements may not be sold or used by any sing the name and address of any political commit	13 14 15 16 17 / person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fed	eral PAC	
Full Name (Last, First, Middle Initial) A. Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing	State Zip Code NY 14626	Date of Receipt 09 09 2010 Transaction ID : SA11AI.8963 Amount of Each Receipt this Period 40.00
federal political committee. Name of Employer MVP Receipt For: □ Primary □ Other (specify)	Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) B. Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
City Rochester FEC ID number of contributing federal political committee.	State Zip Code NY 14626	Transaction ID : SA11AI.8964 Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For:	Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 760.00	
C. Full Name (Last, First, Middle Initial) Mailing Address 54 Henderson Road City Glenmont FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State Zip Code NY 12077 C Occupation EVP, HR Aggregate Year-to-Date ▼	Date of Receipt 07 01 2010 Transaction ID : SA11AI.8973 Amount of Each Receipt this Period 50.00
Other (specify) ▼	onal)	130.00

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Any information copied from such Reports and Statements or for commercial purposes, other than using the name and										buti				
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal													
Α.	Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road				Date o		eceipt		2010		Ŷ			
	City Glenmont	State NY	Zip Code 12077		07 15 2010 Transaction ID : SA11AI.8974 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					a	7		50.0	00			
	Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation EVP, HR Aggregate	Year-to-Date ▼ 700.00]										
Full Name (Last, First, Middle Initial) B. James Morrill Mailing Address 54 Henderson Road					Date o	of Re	eceipt	D / Y	Y Y	1	Ŷ			
	City	State	Zip Code		07 Trans	sact	29 ion ID:) : SA11AI	2010 . 8975	-				
	Glenmont FEC ID number of contributing federal political committee.	NY C	12077		Amoun	nt of	Each	Receipt tl		od 50.0	00			
	Name of Employer MVP	Occupation EVP, HR												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00]										
<u>с</u> .	Full Name (Last, First, Middle Initial) James Morrill	1			Date o	of Re	eceipt							
	Mailing Address 54 Henderson Road				M N 08	1	D 12		2010		Y			
	City Glenmont	State NY	Zip Code 12077					: SA11AI Receipt tl		od				
	FEC ID number of contributing federal political committee.	С					7			50.	00			
	Name of Employer	Occupation	I											
	MVP	EVP, HR												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00											
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TTEMIZED RECEIPTS			for each category of the Detailed Summary Page		_		11b	11c	12				
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and													
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal												
Α.	Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road				Date o		eceipt		Y Y	Y			
					08		26		2010				
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	8978				
	Glenmont	NY	12077		Amoun	nt of	Each I	Receipt th	nis Perioo	b			
	FEC ID number of contributing federal political committee.	С					7		5	0.00			
	Name of Employer	Occupation											
	MVP	EVP, HR											
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General		850.00	11									
	Other (specify)		30.00										
В.	Full Name (Last, First, Middle Initial) James Morrill				Date o	of Re	eceipt						
	Mailing Address 54 Henderson Road				м м 09	/	09		2010	Y			
	City	State	Zip Code		Transaction ID : SA11AI.8979								
	Glenmont	NY	12077		Amoun	nt of	Each I	Receipt th	nis Period	k			
	FEC ID number of contributing federal political committee.	С					7		50	0.00			
	Name of Employer	Occupation											
	MVP	EVP, HR											
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		900.00]									
с.	Full Name (Last, First, Middle Initial) James Morrill				Date o	of Re	eceipt						
	Mailing Address 54 Henderson Road				м м 09	/	23		y y 2010	Y			
	City	State	Zip Code		Trans	sact	ion ID	: SA11AI	.8980				
	Glenmont	NY	12077		Amoun	nt of	Each I	Receipt th	nis Period	b			
	FEC ID number of contributing federal political committee.	С					7		5	0.00			
	Name of Employer	Occupation											
	MVP	EVP, HR											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		050.00	1									
	Other (specify)		950.00										
s	SUBTOTAL of Receipts This Page (optional).			•		1	3	7	150).00			

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC		
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City	State	Zip Code	Date of Receipt
Voorheesville	NY	12186	Transaction ID : SA11AI.9006 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		
Name of Employer	Occupation	1	
MVP	Director of	Finance	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00]
Full Name (Last, First, Middle Initial) B. Richard Odorizzi			Date of Receipt
Mailing Address 71 East Claremond Drive			08 12 2010
City	State	Zip Code	Transaction ID : SA11AI.9007
Voorheesville	NY	12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer	Occupation	1	
MVP	Director of I	Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00]
Full Name (Last, First, Middle Initial) C. Richard Odorizzi			Date of Receipt
Mailing Address 71 East Claremond Drive			M = M / D = D / Y = Y = Y Y 08 26 2010
City Voorheesville	State NY	Zip Code 12186	Transaction ID : SA11AI.9008 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer	Occupation	1	
MVP	Director of	Finance	_
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page (optional))	60.00

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X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Richard Odorizzi Α. Date of Receipt Mailing Address 71 East Claremond Drive M M / 2010 09 09 City Zip Code State Transaction ID : SA11AI.9009 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Name of Employer Occupation MVP Director of Finance Receipt For: Aggregate Year-to-Date ▼ Primary General 270.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard Odorizzi Date of Receipt Mailing Address 71 East Claremond Drive M M 09 23 2010 City State Zip Code Transaction ID : SA11AI.9010 NY Voorheesville 12186 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Name of Employer Occupation MVP **Director of Finance** Receipt For: Aggregate Year-to-Date ▼ Primarv General 290.00 Other (specify) Full Name (Last, First, Middle Initial) c. David Orlando Date of Receipt Mailing Address 3 Clare Castle M = M / D 07 01 2010 City Zip Code State Transaction ID : SA11AI.9011 NY Albany 12205 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Corp VP of Operations MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 390.00 Other (specify) 70.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A	(FEC	Form	3X)
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		category of the Summary Page		11a		11b 14	11c	12	r	17
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Cod NY 12205 C Occupation Corp VP of Operations Aggregate Year-to-Date				/ sact	15 Ion ID			0	0
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle	State Zip Cod	10		Date o	1	29)	2010		
City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	NY 12205 C Occupation Corp VP of Operations Aggregate Year-to-Date]			-	: SA11AI. Receipt th	nis Peri	iod 30.0	0
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State Zip Cod NY 12205 C Occupation Corp VP of Operations Aggregate Year-to-Date				/ sact	ion ID)	
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SCHEDULE A	(FEC Form 3X)
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	EMIZED RECEIPTS		Detailed Summary Page		X 11a		11b 14		1c	12		7
	y information copied from such Reports and St for commercial purposes, other than using the				for the		rpose o	of solic	citing co		ions	7
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	AC										
Α.	Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle	State	Zip Code		Date of	И	26	6	2	2010	Y	
	City Albany FEC ID number of contributing	NY	12205	Transaction ID : SA11AI.9015 Amount of Each Receipt this Period 30.00								1
	federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Corp VP of					- y 1		<u></u>			
В.	Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle				Date of	of Re	eceipt		Y 2	2010	Y	
	City Albany FEC ID number of contributing federal political committee. Name of Employer	State NY C	Zip Code 12205				ion ID Each		1AI.901	16	00]
	MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Corp VP of Aggregate	Operations Year-to-Date ▼ 540.00									
c.	Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle				Date o		eceipt	D /	Y	YY	Y	
	City Albany	State NY	Zip Code 12205				23 <u>tion ID</u> Each	: SA1	1AI.90			_
	FEC ID number of contributing federal political committee. Name of Employer	Occupation			L		7		<u> </u>	30	.00	
	MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	Corp VP of Aggregate	Operations Year-to-Date ▼ 570.00									
s	UBTOTAL of Receipts This Page (optional)			• •			7	_	7	90.	00]

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

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

FOR LINE NUMBER:

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		Detailed Summary Page		× 11	-	11b	F	11	-	12 16		17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma le name and a	ay not be sold or used by any puddress of any political committee	erson e to s	for t	he p	ourpose	of ns fr	solici	iting co	ontribu	tions ee.	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC											
Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP of E Bus Aggregate			O Tra	7 ansa		01 D:	SA11	2 1AI.909	Period		
Full Name (Last, First, Middle Initial) B. Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP of E Bus Aggregate]	0 Tra	7 Insa		15 D:\$	SA11	2 1 Al.909	Period	.00	
Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP of E Bus Aggregate			C Tra	7 ansa		29 D:	SA11	2 1 AI.9 1	Period		
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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	Detailed Summary Pag	
Any information copied from such Reports and s or for commercial purposes, other than using th	Statements may not be sold or used by e name and address of any political con	/ any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) A. Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12047 C Occupation VP of E Business Aggregate Year-to-Date ▼ 320.	Date of Receipt Date of Receipt this Period D
Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12047 C Occupation VP of E Business Aggregate Year-to-Date ▼ 340.0	Date of Receipt Provide Amount of Each Receipt this Period Date of Receipt the Receipt
Full Name (Last, First, Middle Initial) C. Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12047 C Occupation VP of E Business Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 360.	Date of Receipt this Period Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)		60.00

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SCHEDULE A	(FEC	Form	3X)
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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	ny information copied from such Reports and St for commercial purposes, other than using the											
\backslash	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	MVP Health Care Inc. Federal P	PAC										
A.	Full Name (Last, First, Middle Initial) Ellen Runyon				Date o	f Re	eceipt					
	Mailing Address 625 State Street				м м 09	/	23			010	Y	
	City	State	Zip Code			act		: SA11AI.				
	Schenectady	NY	12047		Amoun	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_		.00]
	Name of Employer	Occupation										
	MVP	VP of E Bus	siness									
	Receipt For:		Year-to-Date ▼	-								
	Primary General	Aggregate										
	Other (specify)	L	380.00									
B.	Full Name (Last, First, Middle Initial) Thomas Ryan				Date o	f Re	ceipt					
	Mailing Address 24 Bluestone Ridge				м м 07	/	. 02		2(y 010	Y	
	City	State	Zip Code			acti		SA11AI.				
	Clifton Park	NY	12065					Receipt th				
	FEC ID number of contributing federal political committee.	С					л. I			30.	00]
	Name of Employer	Occupation										
	MVP Health Care	VP Underwr	iting									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify) v		390.00									
C.	Full Name (Last, First, Middle Initial) Thomas Ryan				Date o	f Re	eceipt					
	Mailing Address 24 Bluestone Ridge				м м 07	/	16			y 010	Y	
	City	State	Zip Code		Trans	sact	ion ID :	: SA11AI	.910	6		
	Clifton Park	NY	12065		Amoun	t of	Each F	Receipt th	nis F	'eriod		
	FEC ID number of contributing federal political committee.	С					,		_	30	.00	
	Name of Employer	Occupation										
	MVP Health Care	VP Underw	riting									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General											
	Other (specify)		420.00									
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P.		
Full Name (Last, First, Middle Initial) A. Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 450.00	Date of Receipt
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 480.00 480.00	Date of Receipt
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 510.00	Date of Receipt 08 27 2010 Transaction ID : SA11AI.9109 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)......

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Use separate schedule(s) for each category of the

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79

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and St		
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P		ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ 540.00	Date of Receipt
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 570.00	Date of Receipt 09 24 2010 Transaction ID : SA11AI.9111 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY Zip Code NY 12866 C C Occupation VP Sales C Aggregate Year-to-Date ▼ 390.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		▶ 90.00

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

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Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 420.00 420.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 450.00 450.00	Date of Receipt 07 29 2010 Transaction ID : SA11AI.9114 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) C. Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 480.00 480.00	Date of Receipt M M 12 2010 Transaction ID : SA11AI.9115 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).....

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information conied from such Reports and S	Statements may not be sold or used by any	y person for the purpose of soliciting contributions
or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 510.00	Date of Receipt 08 26 2010 Transaction ID : SA11AI.9116 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) B. Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 540.00 540.00	Date of Receipt
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼ 570.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 430.00 430.00	Date of Receipt 07 01 2010 Transaction ID : SA11AI.9169 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 470.00	Date of Receipt 07 15 2010 Transaction ID : SA11AI.9170 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY Zip Code 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 510.00	Date of Receipt 07 29 2010 Transaction ID : SA11AI.9171 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		▶ 120.00

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TTEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13	11b	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us				or the	purpose	of soliciting	g contribu	utions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	eral PAC							
A. Full Name (Last, First, Middle Initial) Mailing Address 33 Everett Drive	State	Zip Code		м м	1		2010 . 9172	Ŷ
Rochester FEC ID number of contributing federal political committee.	NY C	14624		Amoun	t of Each	Receipt th		1 D.00
Name of Employer MVP Receipt For: Primary General Other (specify) v	Occupation VP, Sales Aggregate	Year-to-Date ▼ 550.00]					
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive				Date o		26	2010	Ŷ
City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14624		Trans	action ID) : SA11AI Receipt tl	. 9173 his Period	1).00
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP, Sales Aggregate	Year-to-Date ▼ 590.00			,	,		
Full Name (Last, First, Middle Initial) C. Tracy Tadaro-Ott				Date o	f Receipt			
Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP, Sales Aggregate	Zip Code 14624 Year-to-Date ▼ 630.00			(saction II	D: SA11AI Receipt ti	nis Period	
SUBTOTAL of Receipts This Page (optio	nal)				7		120	.00

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the		y person for the purpose of soliciting contributions the to solicit contributions from such committee
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼ 670.00 7	Date of Receipt 09 23 2010 Transaction ID : SA11AI.9176 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06457 C Occupation Occupation CIO Aggregate Year-to-Date ▼ 430.00	Date of Receipt 07 01 2010 Transaction ID : SA11AI.9198 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State CT Zip Code 06457 C Occupation Occupation CIO Aggregate Year-to-Date ▼ 470.00	Date of Receipt 07 15 2010 Transaction ID : SA11AI.9199 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).....

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC		
Full Name (Last, First, Middle Initial) A. John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown	State CT	Zip Code 06457	Date of Receipt
FEC ID number of contributing federal political committee.	Occupatior		Amount of Each Receipt this Period
MVP Receipt For: Primary General Other (specify)	CIO Aggregate	Year-to-Date ▼ 510.00]
Full Name (Last, First, Middle Initial) B. John Vangraafeiland Mailing Address 85 Pinehurst Place			Date of Receipt
City Middletown FEC ID number of contributing federal political committee.	CT	Zip Code 06457	Transaction ID : SA11AI.9201 Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation CIO	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	1
C. Full Name (Last, First, Middle Initial) Mailing Address 85 Pinehurst Place			Date of Receipt
City Middletown	State CT	Zip Code 06457	Transaction ID : SA11AI.9202 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		40.00
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation CIO Aggregate	Year-to-Date ▼ 590.00	1
SUBTOTAL of Receipts This Page (optional)		<u>, , , , , , , , , , , , , , , , , , , </u>	120.00

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder	ral PAC		
Full Name (Last, First, Middle Initial) A. John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown	State CT	Zip Code 06457	Date of Receipt 09 09 2010 Transaction ID : SA11AI.9203 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	C Occupation CIO Aggregate	Year-to-Date ▼ 630.00	40.00
Full Name (Last, First, Middle Initial) B. John Vangraafeiland Mailing Address 85 Pinehurst Place City	State	Zip Code	Date of Receipt
Middletown FEC ID number of contributing federal political committee. Name of Employer MVP	CT C Occupation CIO	06457	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 670.00]
C. Shanon Vollmer Mailing Address 30 Wilton Court			Date of Receipt 07 01 2010
City Clifton Park	State NY	Zip Code 12065	Transaction ID : SA11AI.9206 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Occupation Associate C Aggregate]
SUBTOTAL of Receipts This Page (optional	al)		110.00

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC				
Full Name (Last, First, Middle Initial) A. Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	non Vollmer g Address 30 Wilton Court h Park State Zip Code NY 12065 D number of contributing I political committee. of Employer Health Care, Inc. t For: Primary General General				
Full Name (Last, First, Middle Initial) B. Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼ 450.00 450.00	Date of Receipt			
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼ 480.00 480.00	Date of Receipt			
SUBTOTAL of Receipts This Page (optional)		90.00			

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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC						
Full Name (Last, First, Middle Initial) A. Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	Date of Receipt Date of Receipt Control of the second se						
Full Name (Last, First, Middle Initial) B. Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park	State Zip Code NY 12065	Date of Receipt 09 09 2010 Transaction ID : SA11AI.9212 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For:	C Occupation Associate Counsel Aggregate Year-to-Date 540.00	30.00					
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify)	State NY Zip Code 12065 C Occupation Associate Counsel Aggregate Year-to-Date ▼ 570.00	Date of Receipt 09 23 2010 Transaction ID : SA11AI.9213 Amount of Each Receipt this Period 30.00					
SUBTOTAL of Receipts This Page (optional)		90.00					

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC)	
Rensselaer FEC ID number of contributing federal political committee. Name of Employer Octoor MVP Health Care Dimension	State Zip Code NY 12144 C Ecupation ector Medical and Network Analysis Igregate Year-to-Date ▼ 220.00	Date of Receipt
Rensselaer FEC ID number of contributing federal political committee. Name of Employer Octoor MVP Health Care Dir Respire Enrich Dir	State Zip Code NY 12144 C Incupation ector Medical and Network Analysis agregate Year-to-Date ▼ 240.00	Date of Receipt 08 27 2010 Transaction ID : SA11AI.9248 Amount of Each Receipt this Period 20.00
Rensselaer FEC ID number of contributing federal political committee. Name of Employer Octoor MVP Health Care Dia Rensselaer Dia	State Zip Code NY 12144 C Incupation rector Medical and Network Analysis Igregate Year-to-Date ▼ 260.00	Date of Receipt 09 10 2010 Transaction ID : SA11AI.9249 Amount of Each Receipt this Period 20.00
SUBTOTAL of Receipts This Page (optional)	•••••	60.00

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X 11a 11b 12 11c 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Tracey Welch Α. Date of Receipt Mailing Address 134 Thornberry Lane M M / 2010 09 24 City Zip Code State Transaction ID : SA11AI.9250 NY Rensselaer 12144 Amount of Each Receipt this Period FEC ID number of contributing С 20.00 federal political committee. Name of Employer Occupation Director Medical and Network Analysis **MVP Health Care** Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive М M 08 26 2010 City State Zip Code Transaction ID : SA11AI.9255 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing С 30.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. Sales Director - NH/VT Receipt For: Aggregate Year-to-Date ▼ Primarv General 210.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive M = M / D 09 09 2010 City Zip Code State Transaction ID : SA11AI.9256 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 С federal political committee. Name of Employer Occupation Sales Director - NH/VT MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 80.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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

FOR LINE NUMBER:

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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	-									
Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care, Inc. Receipt For: Primary General Other (specify) ▼	State NH C Occupation Sales Direc Aggregate				sacti	23 ion ID		his Perioc		
B. Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code		Date c	of Re	ceipt	D / Y	Y Y	Y	
FEC ID number of contributing federal political committee.	Occupation			Amour	nt of	Each I	Receipt th	nis Perioc	J	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]							
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City	State	Zip Code		Amour	nt of	Each I	Receipt th	nis Perioc	k	
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Name of Employer	Occupation									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼]							
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SCHEDULE B (FEC Form 3X)			Use separate schedule(s)					NUMBER: PAGE 77 OF 79								
ITEMIZED DISBURSEMENTS		for each Detailed	(c		21 21 27		ne) 22 28a	×	23 28b	F	24 280		25 29	26 30b		
	y information copied from such Reports and State for commercial purposes, other than using the nar															
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	_														
	MVP Health Care Inc. Federal PA	C														
Α.	Full Name (Last, First, Middle Initial) BASS VICTORY COMMITTEE							Date of Disbursement								
	Mailing Address PO Box 3451 PO Box 3451							09 / D D / Y Y Y Y 09 13 / 2010								
		State	Zip Code				-									
	Concord	NH	03302					Trans	sacti	ion ID):	SB23.	9329			
	Purpose of Disbursement Campaign contribution			0	11			Amoun	t of	Each	D	isburs	emen	t this	Period	
	Candidate Name			Cate	ego	ry/		<u> </u>						100	0.00	
	CHARLES F. BASS	. =		T	ype			<u> </u>	-	7	-		_	100	0.00	
	Office Sought: X House Disburse Senate Yresident	ment For: Primary Other (sp	General													
	State: NH District: 02															
в.	Full Name (Last, First, Middle Initial) BASS VICTORY COMMITTEE							Date o	f Dis	sburse	əm	nent				
	Mailing Address PO Box 3451 PO Box 3451							09 / D / Y Y Y Y 14 2010								
	Concord	State NH	Zip Code 03302					Trans	sacti	ion ID):	SB23.	9315			
	Purpose of Disbursement Campaign contribution	aign contribution						Amount of Each Disbursement this Period							Period	
				Cate										100	0.00	
	CHARLES F. BASS Office Sought: V House Disburse	ment For:		T	ype					7						
	Senate President	Primary Other (sp	General													
_	State: NH District: 02 Full Name (Last, First, Middle Initial)						_									
C.	FRIENDS OF KELLY AYOTTE							Date of Disbursement								
	Mailing Address PO BOX 233															
	City NASHUA	State NH	Zip Code 03061					Trans	sacti	ion ID):	SB23.	9311			
	Purpose of Disbursement Campaign contribution 011							Amount of Each Disbursement this Period								
	Candidate Name Categor															
	KELLY A AYOTTE	Y A AYOTTE Type						4000.00								
	Office Sought: House Disburse Senate President State: NH District: 00	ment For: Primary Other (sp	General													
								_	-	_		_		_		
s	UBTOTAL of Disbursements This Page (optional)					•				,		,		6000	0.00	
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SCHEDULE B (FEC Form 3X)			E NUMBER												
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	Detailed Summary Page	21		-	23 28b	24			26 30b						
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NAME OF COMMITTEE (In Full)															
MVP Health Care Inc. Federal PA	C														
A. SCOTT MURPHY FOR CONGRE		Date of Disbursement													
Mailing Address 615 Glen Street															
Glens Falls	StateZip CodeNY12801		Tran	sactio	on ID	: SB23.	9316								
Purpose of Disbursement Campaign contribution		011	Amour	nt of E	Each	Disburse	ement th	nis Period	I						
Candidate Name SCOTT MURPHY FOR CONGRES	22	Category/						500.00	٦.						
	ment For: 2010	Туре			,				1						
Senate President	Primary X General Other (specify)														
State: NY District: 20															
Full Name (Last, First, Middle Initial) B.			Date o	of Disb	ourse	ment									
Mailing Address	N	M M / D D / Y Y Y Y													
City															
Purpose of Disbursement	Purpose of Disbursement						Amount of Each Disbursement this Period								
Candidate Name	Category/ Type]							
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼														
State: District:															
Full Name (Last, First, Middle Initial)			Date o												
Mailing Address	M = N														
City															
Purpose of Disbursement	_	–	_												
Candidate Name	Category/ Type						nis Period]							
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼														
State: District:															
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SCHEDULE D (FEC Form 3X)				PAGE 79 OF 79	
DEBTS AND OBLIGATIONS	(Use separate schedule(s)	FOR LINE NUMBER:			
				(check only one) 9	
-			numbered line)	X 10	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC					
A. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor			Debt (Purpose):	
Deluxe Business Checks			Check Pri	iting	
Mailing Address P.O. Box 742572					
City State	Zip Code OH				
Cincinnati	ОП	45274			
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.4163	
145.00					
Amount Incurred This Period	Pavm	ent This Period	Outstand	ng Balance at Close of This Period	
0.00			0.00	145.00	
B. Full Name (Last, First, Middle Initial) of Debtor o	r Creditor		Nature of [Debt (Purpose):	
Media Well Done			Advertising		
Mailing Address 96 Jay Street					
City State	Zip Code				
Schenectady	NY	12305			
Outstanding Balance Beginning This Period			Transac	tion ID : SD10.4165	
			Tunsue		
338.00					
Amount Incurred This Period	Paym	ent This Period	Outstand	ng Balance at Close of This Period	
0.00		(0.00	338.00	
	,				
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		Nature of I	Debt (Purpose):	
Mailing Address					
City	State	Zip Code			
Outstanding Balance Beginning This Period					
Outstanding Balance Beginning This Period					
	Pavm	ent This Period	Qutstand	ng Balance at Close of This Period	
Outstanding Balance Beginning This Period Amount Incurred This Period	Paym	ent This Period	Outstand	ng Balance at Close of This Period	
	Paym	ent This Period	Outstand	ng Balance at Close of This Period	
	Paym	ent This Period	Outstand	ng Balance at Close of This Period	
Amount Incurred This Period				ng Balance at Close of This Period	
Amount Incurred This Period					
Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional) 2) TOTALS This Period (last page this line number of the second seco	nly)			483.00	
Amount Incurred This Period 1) SUBTOTALS This Period This Page (optional)	nly)			483.00	