

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

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 NUMBER** ▼ C C00431429 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 07 / 01 / 2010 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Frank Fanshawe

Signature of Treasurer Mr. Frank Fanshawe *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 04 / 10 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2010"/>		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. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	483.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From: 07 / 01 / 2010 To: 09 / 30 / 2010

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
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12584.00	36206.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12584.00	36206.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	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)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	23000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	30.00	35.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	30.00	35.00
29. Other Disbursements	5.00	17.50
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6535.00	23052.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6535.00	23052.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12584.00	36206.00
34. Total Contribution Refunds (from Line 28(d))	30.00	35.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12554.00	36171.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 6 Doris Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2010

Transaction ID : SA11AI.8524

Amount of Each Receipt this Period
30.00

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

Mailing Address 6 Doris Drive

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2010

Transaction ID : SA11AI.8525

Amount of Each Receipt this Period
30.00

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

Mailing Address 6 Doris Drive

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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 RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6 Doris Drive

City State Zip Code
 Scotia NY 12302

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

Name of Employer Occupation
 MVP Service Corp VP, Sales Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2010
Transaction ID : SA11AI.8527

Amount of Each Receipt this Period
 30.00

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

Mailing Address 6 Doris Drive

City State Zip Code
 Scotia NY 12302

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

Name of Employer Occupation
 MVP Service Corp VP, Sales Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2010
Transaction ID : SA11AI.8528

Amount of Each Receipt this Period
 30.00

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

Mailing Address 6 Doris Drive

City State Zip Code
 Scotia NY 12302

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

Name of Employer Occupation
 MVP Service Corp VP, Sales Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 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 RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6 Doris Drive

City Scotia State NY Zip Code 12302

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

Name of Employer MVP Service Corp Occupation VP, Sales Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2010

Transaction ID : SA11AI.8530

Amount of Each Receipt this Period
30.00

Full Name (Last, First, Middle Initial)
B. Charles Bloss

Mailing Address 708 Stephens Place

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2010

Transaction ID : SA11AI.8538

Amount of Each Receipt this Period
40.00

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

Mailing Address 708 Stephens Place

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2010

Transaction ID : SA11AI.8539

Amount of Each Receipt this Period
40.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code
Schenectady NY 12303

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

Name of Employer Occupation
MVP VP & chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
07 / 29 / 2010

Transaction ID : SA11AI.8540

Amount of Each Receipt this Period
40.00

Full Name (Last, First, Middle Initial)
B. Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code
Schenectady NY 12303

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

Name of Employer Occupation
MVP VP & chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640.00

Date of Receipt
08 / 12 / 2010

Transaction ID : SA11AI.8541

Amount of Each Receipt this Period
40.00

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

Mailing Address 708 Stephens Place

City State Zip Code
Schenectady NY 12303

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

Name of Employer Occupation
MVP VP & chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
680.00

Date of Receipt
08 / 26 / 2010

Transaction ID : SA11AI.8542

Amount of Each Receipt this Period
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Charles Bloss

Mailing Address 708 Stephens Place

City Schenectady	State NY	Zip Code 12303
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation VP & chief Actuary
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2010

Transaction ID : SA11AI.8543

Amount of Each Receipt this Period
0.00

Full Name (Last, First, Middle Initial)
B. Sue Ann Brown

Mailing Address 9 Wembly Court

City Delmar	State NY	Zip Code 12054
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP	Occupation Administrative
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2010

Transaction ID : SA11AI.8551

Amount of Each Receipt this Period
20.00

Full Name (Last, First, Middle Initial)
C. Sue Ann Brown

Mailing Address 9 Wembly Court

City Delmar	State NY	Zip Code 12054
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2010

Transaction ID : SA11AI.8552

Amount of Each Receipt this Period
20.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Sue Ann Brown

Mailing Address 9 Wembly Court

City Delmar State NY Zip Code 12054

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2010

Transaction ID : SA11AI.8553

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 State NY Zip Code 12054

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2010

Transaction ID : SA11AI.8554

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Sue Ann Brown

Mailing Address 9 Wembly Court

City Delmar State NY Zip Code 12054

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 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)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Sue Ann Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Court
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2010
Transaction ID : SA11AI.8556
 Amount of Each Receipt this Period
 20.00

B. Sue Ann Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Wembly Court
 City Delmar State NY Zip Code 12054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2010
Transaction ID : SA11AI.8557
 Amount of Each Receipt this Period
 20.00

C. Carl Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 285 Willowcrest Drive
 City Rochester State NY Zip Code 14618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 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)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
Rochester NY 14618

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

Name of Employer Occupation
MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2010
Transaction ID : SA11AI.8559

Amount of Each Receipt this Period
30.00

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
Rochester NY 14618

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

Name of Employer Occupation
MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2010
Transaction ID : SA11AI.8560

Amount of Each Receipt this Period
30.00

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
Rochester NY 14618

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

Name of Employer Occupation
MVP VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2010
Transaction ID : SA11AI.8561

Amount of Each Receipt this Period
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Carl Cameron
Full Name (Last, First, Middle Initial)
Mailing Address 285 Willowcrest Drive
City Rochester State NY Zip Code 14618
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010
Transaction ID : SA11AI.8562
Amount of Each Receipt this Period
30.00

B. Carl Cameron
Full Name (Last, First, Middle Initial)
Mailing Address 285 Willowcrest Drive
City Rochester State NY Zip Code 14618
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010
Transaction ID : SA11AI.8563
Amount of Each Receipt this Period
30.00

C. Carl Cameron
Full Name (Last, First, Middle Initial)
Mailing Address 285 Willowcrest Drive
City Rochester State NY Zip Code 14618
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 570.00

Date of Receipt
MM / DD / YYYY
09 / 23 / 2010
Transaction ID : SA11AI.8564
Amount of Each Receipt this Period
30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2010

Transaction ID : SA11AI.8602

Amount of Each Receipt this Period
40.00

B. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2010

Transaction ID : SA11AI.8603

Amount of Each Receipt this Period
40.00

C. Patricia Deferio
Full Name (Last, First, Middle Initial)
Mailing Address 7723 Majestic Drive

City Liverpool	State NY	Zip Code 13090
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Regional Network Director
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2010

Transaction ID : SA11AI.8604

Amount of Each Receipt this Period
40.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Patricia Deferio

Mailing Address 7723 Majestic Drive

City State Zip Code
 Liverpool NY 13090

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

Name of Employer Occupation
 MVP Regional Network Director

Receipt For:
 Primary General
 Other (specify) ▼

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 State Zip Code
 Liverpool NY 13090

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

Name of Employer Occupation
 MVP Regional Network Director

Receipt For:
 Primary General
 Other (specify) ▼

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)
C. Patricia Deferio

Mailing Address 7723 Majestic Drive

City State Zip Code
 Liverpool NY 13090

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

Name of Employer Occupation
 MVP Regional Network Director

Receipt For:
 Primary General
 Other (specify) ▼

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 17 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Patricia Deferio

Mailing Address 7723 Majestic Drive

City Liverpool State NY Zip Code 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 670.00

Date of Receipt
 09 / 23 / 2010
Transaction ID : SA11AI.8608

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
B. Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 07 / 01 / 2010
Transaction ID : SA11AI.8625

Amount of Each Receipt this Period
 40.00

Full Name (Last, First, Middle Initial)
C. Mr. Frank Fanshawe

Mailing Address 430 Ridgehill Road

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 07 / 15 / 2010
Transaction ID : SA11AI.8626

Amount of Each Receipt this Period
 40.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mr. Frank Fanshawe
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Ridgehill Road
 City State Zip Code
 Schenectady NY 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2010
Transaction ID : SA11AI.8627
 Amount of Each Receipt this Period
 40.00

B. Mr. Frank Fanshawe
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Ridgehill Road
 City State Zip Code
 Schenectady NY 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2010
Transaction ID : SA11AI.8628
 Amount of Each Receipt this Period
 40.00

C. Mr. Frank Fanshawe
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Ridgehill Road
 City State Zip Code
 Schenectady NY 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 580.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2010
Transaction ID : SA11AI.8629
 Amount of Each Receipt this Period
 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Mr. Frank Fanshawe
Full Name (Last, First, Middle Initial)

Mailing Address 430 Ridgehill Road

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Treasurer
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2010

Transaction ID : SA11AI.8630

Amount of Each Receipt this Period

40.00

B. Mr. Frank Fanshawe
Full Name (Last, First, Middle Initial)

Mailing Address 430 Ridgehill Road

City Schenectady	State NY	Zip Code 12303
---------------------	-------------	-------------------

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

Name of Employer MVP	Occupation Treasurer
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2010

Transaction ID : SA11AI.8631

Amount of Each Receipt this Period

40.00

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

Mailing Address 500 Normanskill Place

City Slingerlands	State NY	Zip Code 12159
----------------------	-------------	-------------------

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

Name of Employer MVP	Occupation EVP, CFO
-------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2010

Transaction ID : SA11AI.8653

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional).....▶	140.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 20 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Mark Fish
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation EVP, CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2010
Transaction ID : SA11AI.8654
 Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
B. Mark Fish
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation EVP, CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2010
Transaction ID : SA11AI.8655
 Amount of Each Receipt this Period
 60.00

Full Name (Last, First, Middle Initial)
C. Mark Fish
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation EVP, CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2010
Transaction ID : SA11AI.8656
 Amount of Each Receipt this Period
 60.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mark Fish
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation EVP, CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2010
Transaction ID : SA11AI.8657
 Amount of Each Receipt this Period
 60.00

B. Mark Fish
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation EVP, CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2010
Transaction ID : SA11AI.8658
 Amount of Each Receipt this Period
 60.00

C. Mark Fish
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Normanskill Place
 City Slingerlands State NY Zip Code 12159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation EVP, CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2010
Transaction ID : SA11AI.8659
 Amount of Each Receipt this Period
 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Gajewski		Date of Receipt MM / DD / YYYY 07 / 30 / 2010 Transaction ID : SA11AI.8676
Mailing Address 166 Jordan Blvd		Amount of Each Receipt this Period 20.00
City Delmar	State NY	Zip Code 12054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer MVP Health Care	Occupation Director EPMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. John Gajewski		Date of Receipt MM / DD / YYYY 08 / 13 / 2010 Transaction ID : SA11AI.8677
Mailing Address 166 Jordan Blvd		Amount of Each Receipt this Period 20.00
City Delmar	State NY	Zip Code 12054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.00
Name of Employer MVP Health Care	Occupation Director EPMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. John Gajewski		Date of Receipt MM / DD / YYYY 08 / 27 / 2010 Transaction ID : SA11AI.8678
Mailing Address 166 Jordan Blvd		Amount of Each Receipt this Period 20.00
City Delmar	State NY	Zip Code 12054
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MVP Health Care	Occupation Director EPMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Gajewski		Date of Receipt MM / DD / YYYY 09 / 10 / 2010 Transaction ID : SA11AI.8679
Mailing Address 166 Jordan Blvd		Amount of Each Receipt this Period 20.00
City Delmar	State NY	Zip Code 12054
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 270.00	
Name of Employer MVP Health Care	Occupation Director EPMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John Gajewski		Date of Receipt MM / DD / YYYY 09 / 24 / 2010 Transaction ID : SA11AI.8680
Mailing Address 166 Jordan Blvd		Amount of Each Receipt this Period 20.00
City Delmar	State NY	Zip Code 12054
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 290.00	
Name of Employer MVP Health Care	Occupation Director EPMO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dominic Galante		Date of Receipt MM / DD / YYYY 08 / 26 / 2010 Transaction ID : SA11AI.8685
Mailing Address 220 Alexander Street		Amount of Each Receipt this Period 30.00
City Rochester	State NY	Zip Code 14607
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 210.00	
Name of Employer MVP Health Care	Occupation VP Medical Quality Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 24 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Dominic Galante

Mailing Address 220 Alexander Street

City State Zip Code
 Rochester NY 14607

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

Name of Employer Occupation
 MVP Health Care VP Medical Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 09 / 09 / 2010
Transaction ID : SA11AI.8686

Amount of Each Receipt this Period
 30.00

Full Name (Last, First, Middle Initial)
B. Dominic Galante

Mailing Address 220 Alexander Street

City State Zip Code
 Rochester NY 14607

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

Name of Employer Occupation
 MVP Health Care VP Medical Quality Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 09 / 23 / 2010
Transaction ID : SA11AI.8687

Amount of Each Receipt this Period
 30.00

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

Mailing Address 3 Bay Crest Drive

City State Zip Code
 South Burlington VT 05403

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

Name of Employer Occupation
 MVP Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 09 / 23 / 2010
Transaction ID : SA11AI.8701

Amount of Each Receipt this Period
 12.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 72.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Al Gatti			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2010
Mailing Address 8 Wendy Lane			Transaction ID : SA11Al.8702
City W. Hartford	State CT	Zip Code 06117	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C			
Name of Employer MVP	Occupation Exec VP	Aggregate Year-to-Date ▼ 535.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Al Gatti			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2010
Mailing Address 8 Wendy Lane			Transaction ID : SA11Al.8703
City W. Hartford	State CT	Zip Code 06117	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C			
Name of Employer MVP	Occupation Exec VP	Aggregate Year-to-Date ▼ 580.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Al Gatti			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 29 / 2010
Mailing Address 8 Wendy Lane			Transaction ID : SA11Al.8704
City W. Hartford	State CT	Zip Code 06117	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. C			
Name of Employer MVP	Occupation Exec VP	Aggregate Year-to-Date ▼ 625.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Al Gatti

Mailing Address 8 Wendy Lane

City State Zip Code
 W. Hartford CT 06117

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

Name of Employer Occupation
 MVP Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 670.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2010

Transaction ID : SA11Al.8705

Amount of Each Receipt this Period
 45.00

Full Name (Last, First, Middle Initial)
B. Al Gatti

Mailing Address 8 Wendy Lane

City State Zip Code
 W. Hartford CT 06117

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

Name of Employer Occupation
 MVP Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 715.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2010

Transaction ID : SA11Al.8706

Amount of Each Receipt this Period
 45.00

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

Mailing Address 8 Wendy Lane

City State Zip Code
 W. Hartford CT 06117

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

Name of Employer Occupation
 MVP Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2010

Transaction ID : SA11Al.8707

Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 135.00

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

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

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

FOR LINE NUMBER: PAGE 27 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Al Gatti
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Wendy Lane
 City W. Hartford State CT Zip Code 06117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Exec VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **805.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2010
Transaction ID : SA11Al.8708
 Amount of Each Receipt this Period
45.00

B. Bill Geddings
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Robinwood Drive
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2010
Transaction ID : SA11Al.8716
 Amount of Each Receipt this Period
20.00

C. Bill Geddings
 Full Name (Last, First, Middle Initial)
 Mailing Address 75 Robinwood Drive
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP Health Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **280.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2010
Transaction ID : SA11Al.8717
 Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bill Geddings
Full Name (Last, First, Middle Initial)
Mailing Address 75 Robinwood Drive

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

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

Name of Employer MVP	Occupation VP Health Services
-------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		29		2010

Transaction ID : SA11AI.8718

Amount of Each Receipt this Period

20.00

B. Bill Geddings
Full Name (Last, First, Middle Initial)
Mailing Address 75 Robinwood Drive

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

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

Name of Employer MVP	Occupation VP Health Services
-------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2010

Transaction ID : SA11AI.8719

Amount of Each Receipt this Period

20.00

C. Bill Geddings
Full Name (Last, First, Middle Initial)
Mailing Address 75 Robinwood Drive

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

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

Name of Employer MVP	Occupation VP Health Services
-------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		26		2010

Transaction ID : SA11AI.8720

Amount of Each Receipt this Period

20.00

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

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

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

FOR LINE NUMBER: PAGE 29 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Bill Geddings
 Mailing Address 75 Robinwood Drive
 City State Zip Code
 Clifton Park NY 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP VP Health Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2010
Transaction ID : SA11AI.8721
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Bill Geddings
 Mailing Address 75 Robinwood Drive
 City State Zip Code
 Clifton Park NY 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP VP Health Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2010
Transaction ID : SA11AI.8722
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Patrick Glavey
 Mailing Address 165 Windemere Road
 City State Zip Code
 Rochester NY 14610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP VP, Medicare Products
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 860.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2010
Transaction ID : SA11AI.8732
 Amount of Each Receipt this Period
 80.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **940.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2010

Transaction ID : SA11AI.8733

Amount of Each Receipt this Period

80.00

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

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2010

Transaction ID : SA11AI.8734

Amount of Each Receipt this Period

80.00

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

Mailing Address 165 Windemere Road

City Rochester	State NY	Zip Code 14610
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Medicare Products
-------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2010

Transaction ID : SA11AI.8735

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 165 Windemere Road

City State Zip Code
 Rochester NY 14610

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

Name of Employer Occupation
 MVP VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1180.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2010

Transaction ID : SA11AI.8737

Amount of Each Receipt this Period
 80.00

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

Mailing Address 165 Windemere Road

City State Zip Code
 Rochester NY 14610

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

Name of Employer Occupation
 MVP VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2010

Transaction ID : SA11AI.8738

Amount of Each Receipt this Period
 80.00

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

Mailing Address 165 Windemere Road

City State Zip Code
 Rochester NY 14610

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

Name of Employer Occupation
 MVP VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2010

Transaction ID : SA11AI.8739

Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

Date of Receipt
07 / 01 / 2010
Transaction ID : SA11AI.8748

Amount of Each Receipt this Period
70.00

B. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

Date of Receipt
07 / 15 / 2010
Transaction ID : SA11AI.8749

Amount of Each Receipt this Period
70.00

C. Denise Gonick
Full Name (Last, First, Middle Initial)
Mailing Address 803 Via Marchella

City Schenectady	State NY	Zip Code 12303
FEC ID number of contributing federal political committee. C		
Name of Employer MVP Health Care, Inc.	Occupation EVP & Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	

Date of Receipt
07 / 29 / 2010
Transaction ID : SA11AI.8750

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 33 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 803 Via Marchella

City State Zip Code
 Schenectady NY 12303

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2010

Transaction ID : SA11AI.8751

Amount of Each Receipt this Period
 70.00

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

Mailing Address 803 Via Marchella

City State Zip Code
 Schenectady NY 12303

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1090.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2010

Transaction ID : SA11AI.8752

Amount of Each Receipt this Period
 70.00

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

Mailing Address 803 Via Marchella

City State Zip Code
 Schenectady NY 12303

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1160.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2010

Transaction ID : SA11AI.8753

Amount of Each Receipt this Period
 70.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
City	State	Zip Code
Schenectady	NY	12303
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.8754
MVP Health Care, Inc.	EVP & Chief Legal Officer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1230.00"/>	<input type="text" value="70.00"/>

Full Name (Last, First, Middle Initial) B. Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
City	State	Zip Code
Loudon	NH	03307
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.8769
MVP	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1040.00"/>	<input type="text" value="80.00"/>

Full Name (Last, First, Middle Initial) C. Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
Loudon	NH	03307
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.8770
MVP	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1120.00"/>	<input type="text" value="80.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="230.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 35 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 07 / 29 / 2010
Transaction ID : SA11AI.8771

Amount of Each Receipt this Period
 80.00

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1280.00

Date of Receipt
 08 / 12 / 2010
Transaction ID : SA11AI.8772

Amount of Each Receipt this Period
 80.00

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1360.00

Date of Receipt
 08 / 26 / 2010
Transaction ID : SA11AI.8773

Amount of Each Receipt this Period
 80.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00

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

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

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

FOR LINE NUMBER: PAGE 36 OF 79
(check only one)

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

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

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2010

Transaction ID : SA11AI.8774

Amount of Each Receipt this Period
80.00

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2010

Transaction ID : SA11AI.8775

Amount of Each Receipt this Period
80.00

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

Mailing Address 38 Fox Hill Drive

City Fairport State NY Zip Code 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2010

Transaction ID : SA11AI.8820

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **190.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2010

Transaction ID : SA11AI.8821

Amount of Each Receipt this Period

30.00

B. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2010

Transaction ID : SA11AI.8822

Amount of Each Receipt this Period

30.00

C. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2010

Transaction ID : SA11AI.8823

Amount of Each Receipt this Period

30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2010

Transaction ID : SA11AI.8824

Amount of Each Receipt this Period
30.00

B. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2010

Transaction ID : SA11AI.8825

Amount of Each Receipt this Period
30.00

C. Kevin Husted
Full Name (Last, First, Middle Initial)
Mailing Address 38 Fox Hill Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
570.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2010

Transaction ID : SA11AI.8826

Amount of Each Receipt this Period
30.00

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

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

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

FOR LINE NUMBER: PAGE 39 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt
07 / 02 / 2010

Transaction ID : SA11AI.8834

Amount of Each Receipt this Period
40.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **470.00**

Date of Receipt
07 / 16 / 2010

Transaction ID : SA11AI.8835

Amount of Each Receipt this Period
40.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt
07 / 30 / 2010

Transaction ID : SA11AI.8836

Amount of Each Receipt this Period
40.00

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

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

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

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

FOR LINE NUMBER: PAGE 40 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
08 / 13 / 2010

Transaction ID : SA11AI.8837

Amount of Each Receipt this Period
40.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt
08 / 27 / 2010

Transaction ID : SA11AI.8838

Amount of Each Receipt this Period
40.00

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt
09 / 10 / 2010

Transaction ID : SA11AI.8839

Amount of Each Receipt this Period
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 213 Hansen Ave

City Albany	State NY	Zip Code 12208
----------------	-------------	-------------------

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

Name of Employer MVP Health Care	Occupation VP of Legal Affairs
-------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **670.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2010

Transaction ID : SA11AI.8840

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
				400.00

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

Mailing Address 12 Sutherland Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2010

Transaction ID : SA11AI.8886

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
				300.00

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

Mailing Address 12 Sutherland Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2010

Transaction ID : SA11AI.8887

Amount of Each Receipt this Period

100.00	100.00	100.00	100.00	100.00
				30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Joseph Lia		Date of Receipt
Mailing Address 12 Sutherland Drive		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City Highland Mills	State NY	Zip Code 10930
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8888
Name of Employer MVP		Amount of Each Receipt this Period
Occupation VP of Mid-Hudson Region		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="450.00"/>		

Full Name (Last, First, Middle Initial) B. Joseph Lia		Date of Receipt
Mailing Address 12 Sutherland Drive		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
City Highland Mills	State NY	Zip Code 10930
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8889
Name of Employer MVP		Amount of Each Receipt this Period
Occupation VP of Mid-Hudson Region		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="480.00"/>		

Full Name (Last, First, Middle Initial) C. Joseph Lia		Date of Receipt
Mailing Address 12 Sutherland Drive		<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
City Highland Mills	State NY	Zip Code 10930
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.8890
Name of Employer MVP		Amount of Each Receipt this Period
Occupation VP of Mid-Hudson Region		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="510.00"/>		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2010

Transaction ID : SA11AI.8891

Amount of Each Receipt this Period
30.00

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2010

Transaction ID : SA11AI.8892

Amount of Each Receipt this Period
30.00

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2010

Transaction ID : SA11AI.8894

Amount of Each Receipt this Period
30.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 15 / 2010

Transaction ID : SA11AI.8895

Amount of Each Receipt this Period
30.00

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2010

Transaction ID : SA11AI.8896

Amount of Each Receipt this Period
30.00

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2010

Transaction ID : SA11AI.8897

Amount of Each Receipt this Period
0.00

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

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

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

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

FOR LINE NUMBER: PAGE 45 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Leonard Lindenmuth
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Oak Street
 City Binghamton State NY Zip Code 13905
 Date of Receipt: 09 / 09 / 2010
Transaction ID : SA11AI.8898
 Amount of Each Receipt this Period: 0.00
 FEC ID number of contributing federal political committee: C
 Name of Employer MVP Occupation VP Southern
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 450.00

B. William V. Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Partridge Lane
 City Charlotte State VT Zip Code 05445
 Date of Receipt: 07 / 01 / 2010
Transaction ID : SA11AI.8900
 Amount of Each Receipt this Period: 30.00
 FEC ID number of contributing federal political committee: C
 Name of Employer MVP Service Corp. Occupation VP Vermont
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 390.00

C. William V. Little
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Partridge Lane
 City Charlotte State VT Zip Code 05445
 Date of Receipt: 07 / 15 / 2010
Transaction ID : SA11AI.8901
 Amount of Each Receipt this Period: 30.00
 FEC ID number of contributing federal political committee: C
 Name of Employer MVP Service Corp. Occupation VP Vermont
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 420.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 300 Partridge Lane

City State Zip Code
 Charlotte VT 05445

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

Name of Employer Occupation
 MVP Service Corp. VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2010

Transaction ID : SA11AI.8902

Amount of Each Receipt this Period
 30.00

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

Mailing Address 300 Partridge Lane

City State Zip Code
 Charlotte VT 05445

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

Name of Employer Occupation
 MVP Service Corp. VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2010

Transaction ID : SA11AI.8903

Amount of Each Receipt this Period
 30.00

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

Mailing Address 300 Partridge Lane

City State Zip Code
 Charlotte VT 05445

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

Name of Employer Occupation
 MVP Service Corp. VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2010

Transaction ID : SA11AI.8904

Amount of Each Receipt this Period
 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
 09 / 09 / 2010
Transaction ID : SA11AI.8905

Amount of Each Receipt this Period
30.00

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt
 09 / 23 / 2010
Transaction ID : SA11AI.8906

Amount of Each Receipt this Period
30.00

C. Mr. Matthew J. Mackinnon
Full Name (Last, First, Middle Initial)

Mailing Address 1330 Park Avenue

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Service Corp. Occupation VP of Network Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 07 / 01 / 2010
Transaction ID : SA11AI.8935

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **560.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Carl Maleri Jr.			Date of Receipt MM / DD / YYYY 07 / 01 / 2010
Mailing Address 19 Crimson Way			Transaction ID : SA11AI.8936
City Webster	State NY	Zip Code 14580	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer MVP	Occupation VP, Underwriting and Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) B. Carl Maleri Jr.			Date of Receipt MM / DD / YYYY 07 / 15 / 2010
Mailing Address 19 Crimson Way			Transaction ID : SA11AI.8937
City Webster	State NY	Zip Code 14580	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer MVP	Occupation VP, Underwriting and Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

Full Name (Last, First, Middle Initial) C. Carl Maleri Jr.			Date of Receipt MM / DD / YYYY 07 / 29 / 2010
Mailing Address 19 Crimson Way			Transaction ID : SA11AI.8938
City Webster	State NY	Zip Code 14580	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer MVP	Occupation VP, Underwriting and Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 19 Crimson Way

City Webster	State NY	Zip Code 14580
-----------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Underwriting and Analysis
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2010

Transaction ID : SA11AI.8939

Amount of Each Receipt this Period

40.00

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

Mailing Address 19 Crimson Way

City Webster	State NY	Zip Code 14580
-----------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Underwriting and Analysis
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		26		2010

Transaction ID : SA11AI.8940

Amount of Each Receipt this Period

40.00

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

Mailing Address 19 Crimson Way

City Webster	State NY	Zip Code 14580
-----------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Underwriting and Analysis
-------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		09		2010

Transaction ID : SA11AI.8941

Amount of Each Receipt this Period

40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Carl Maleri Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 19 Crimson Way
City Webster State NY Zip Code 14580
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Underwriting and Analysis
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **760.00**

Date of Receipt **09 / 23 / 2010**
Transaction ID : SA11AI.8942
Amount of Each Receipt this Period **40.00**

B. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave
City Saratoga State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **210.00**

Date of Receipt **08 / 26 / 2010**
Transaction ID : SA11AI.8947
Amount of Each Receipt this Period **30.00**

C. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave
City Saratoga State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP Marketing
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **09 / 09 / 2010**
Transaction ID : SA11AI.8948
Amount of Each Receipt this Period **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Augusta Martin
Full Name (Last, First, Middle Initial)
Mailing Address 457 Crescent Ave
City Saratoga State NY Zip Code 12866
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care Occupation VP Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2010
Transaction ID : SA11AI.8949
Amount of Each Receipt this Period 30.00

B. Laurie Metheny
Full Name (Last, First, Middle Initial)
Mailing Address 21 Joellen Drive
City Rochester State NY Zip Code 14626
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Business Excellence
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 01 / 2010
Transaction ID : SA11AI.8958
Amount of Each Receipt this Period 40.00

C. Laurie Metheny
Full Name (Last, First, Middle Initial)
Mailing Address 21 Joellen Drive
City Rochester State NY Zip Code 14626
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Business Excellence
Receipt For: Primary General Other (specify) ▼
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)..... ▶ 110.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Business Excellence
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		29		2010

Transaction ID : SA11AI.8960

Amount of Each Receipt this Period

40.00

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

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Business Excellence
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2010

Transaction ID : SA11AI.8961

Amount of Each Receipt this Period

40.00

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

City Rochester	State NY	Zip Code 14626
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Business Excellence
-------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		26		2010

Transaction ID : SA11AI.8962

Amount of Each Receipt this Period

40.00

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

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

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

FOR LINE NUMBER: PAGE 53 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 09 / 09 / 2010
Transaction ID : SA11AI.8963

Amount of Each Receipt this Period
 40.00

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

Mailing Address 21 Joellen Drive

City State Zip Code
 Rochester NY 14626

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

Name of Employer Occupation
 MVP VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 09 / 23 / 2010
Transaction ID : SA11AI.8964

Amount of Each Receipt this Period
 40.00

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

Mailing Address 54 Henderson Road

City State Zip Code
 Glenmont NY 12077

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

Name of Employer Occupation
 MVP EVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 650.00

Date of Receipt
 07 / 01 / 2010
Transaction ID : SA11AI.8973

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 130.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. James Morrill		Date of Receipt MM / DD / YYYY 07 / 15 / 2010
Mailing Address 54 Henderson Road		Transaction ID : SA11AI.8974
City Glenmont	State NY	Zip Code 12077
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer MVP	Occupation EVP, HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. James Morrill		Date of Receipt MM / DD / YYYY 07 / 29 / 2010
Mailing Address 54 Henderson Road		Transaction ID : SA11AI.8975
City Glenmont	State NY	Zip Code 12077
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer MVP	Occupation EVP, HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. James Morrill		Date of Receipt MM / DD / YYYY 08 / 12 / 2010
Mailing Address 54 Henderson Road		Transaction ID : SA11AI.8976
City Glenmont	State NY	Zip Code 12077
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer MVP	Occupation EVP, HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Morrill
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Henderson Road
 City State Zip Code
 Glenmont NY 12077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP EVP, HR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2010
Transaction ID : SA11AI.8978
 Amount of Each Receipt this Period
 50.00

B. James Morrill
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Henderson Road
 City State Zip Code
 Glenmont NY 12077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP EVP, HR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2010
Transaction ID : SA11AI.8979
 Amount of Each Receipt this Period
 50.00

C. James Morrill
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Henderson Road
 City State Zip Code
 Glenmont NY 12077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP EVP, HR
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 950.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2010
Transaction ID : SA11AI.8980
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Richard Odorizzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 East Claremond Drive
 City State Zip Code
 Voorheesville NY 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Director of Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2010
Transaction ID : SA11AI.9006
 Amount of Each Receipt this Period
 20.00

B. Richard Odorizzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 East Claremond Drive
 City State Zip Code
 Voorheesville NY 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Director of Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2010
Transaction ID : SA11AI.9007
 Amount of Each Receipt this Period
 20.00

C. Richard Odorizzi
 Full Name (Last, First, Middle Initial)
 Mailing Address 71 East Claremond Drive
 City State Zip Code
 Voorheesville NY 12186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MVP Director of Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2010
Transaction ID : SA11AI.9008
 Amount of Each Receipt this Period
 20.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Richard Odorizzi
Full Name (Last, First, Middle Initial)
Mailing Address 71 East Claremond Drive
City Voorheesville State NY Zip Code 12186
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Director of Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 09 / 2010
Transaction ID : SA11AI.9009
Amount of Each Receipt this Period 20.00

B. Richard Odorizzi
Full Name (Last, First, Middle Initial)
Mailing Address 71 East Claremond Drive
City Voorheesville State NY Zip Code 12186
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Director of Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 290.00

Date of Receipt 09 / 23 / 2010
Transaction ID : SA11AI.9010
Amount of Each Receipt this Period 20.00

C. David Orlando
Full Name (Last, First, Middle Initial)
Mailing Address 3 Clare Castle
City Albany State NY Zip Code 12205
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Corp VP of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 01 / 2010
Transaction ID : SA11AI.9011
Amount of Each Receipt this Period 30.00

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

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

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

FOR LINE NUMBER: PAGE 58 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. David Orlando
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Clare Castle
 City Albany State NY Zip Code 12205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Corp VP of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 15 / 2010
Transaction ID : SA11AI.9012
 Amount of Each Receipt this Period 30.00

B. David Orlando
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Clare Castle
 City Albany State NY Zip Code 12205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Corp VP of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 29 / 2010
Transaction ID : SA11AI.9013
 Amount of Each Receipt this Period 30.00

C. David Orlando
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Clare Castle
 City Albany State NY Zip Code 12205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Corp VP of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 12 / 2010
Transaction ID : SA11AI.9014
 Amount of Each Receipt this Period 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. David Orlando
Full Name (Last, First, Middle Initial)
Mailing Address 3 Clare Castle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2010

Transaction ID : SA11AI.9015

Amount of Each Receipt this Period

30.00

B. David Orlando
Full Name (Last, First, Middle Initial)
Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2010

Transaction ID : SA11AI.9016

Amount of Each Receipt this Period

30.00

C. David Orlando
Full Name (Last, First, Middle Initial)
Mailing Address 3 Clare Castle

City Albany	State NY	Zip Code 12205
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2010

Transaction ID : SA11AI.9017

Amount of Each Receipt this Period

30.00

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

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

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

FOR LINE NUMBER: PAGE 60 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ellen Runyon

Mailing Address 625 State Street

City State Zip Code
 Schenectady NY 12047

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

Name of Employer Occupation
 MVP VP of E Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2010

Transaction ID : SA11AI.9098

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Ellen Runyon

Mailing Address 625 State Street

City State Zip Code
 Schenectady NY 12047

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

Name of Employer Occupation
 MVP VP of E Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2010

Transaction ID : SA11AI.9099

Amount of Each Receipt this Period
 20.00

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

Mailing Address 625 State Street

City State Zip Code
 Schenectady NY 12047

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

Name of Employer Occupation
 MVP VP of E Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2010

Transaction ID : SA11AI.9100

Amount of Each Receipt this Period
 20.00

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

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

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

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

FOR LINE NUMBER: PAGE 61 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Ellen Runyon

Mailing Address 625 State Street

City State Zip Code
 Schenectady NY 12047

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

Name of Employer Occupation
 MVP VP of E Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 08 / 12 / 2010
Transaction ID : SA11AI.9101

Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Ellen Runyon

Mailing Address 625 State Street

City State Zip Code
 Schenectady NY 12047

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

Name of Employer Occupation
 MVP VP of E Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 08 / 26 / 2010
Transaction ID : SA11AI.9102

Amount of Each Receipt this Period
 20.00

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

Mailing Address 625 State Street

City State Zip Code
 Schenectady NY 12047

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

Name of Employer Occupation
 MVP VP of E Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 360.00

Date of Receipt
 09 / 09 / 2010
Transaction ID : SA11AI.9103

Amount of Each Receipt this Period
 20.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 79
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ellen Runyon
Full Name (Last, First, Middle Initial)

Mailing Address 625 State Street

City Schenectady State NY Zip Code 12047

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

Name of Employer MVP Occupation VP of E Business

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2010

Transaction ID : SA11AI.9104

Amount of Each Receipt this Period
20.00

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2010

Transaction ID : SA11AI.9105

Amount of Each Receipt this Period
30.00

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2010

Transaction ID : SA11AI.9106

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **80.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 30 / 2010

Transaction ID : SA11AI.9107

Amount of Each Receipt this Period
30.00

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 13 / 2010

Transaction ID : SA11AI.9108

Amount of Each Receipt this Period
30.00

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
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)..... ▶

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

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

FOR LINE NUMBER: PAGE 64 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
09 / 10 / 2010

Transaction ID : SA11AI.9110

Amount of Each Receipt this Period
30.00

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

Mailing Address 24 Bluestone Ridge

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **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)
C. Daniel Sauer

Mailing Address 160 Fifth Avenue

City Saratoga Springs State NY Zip Code 12866

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

Name of Employer MVP Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
07 / 01 / 2010

Transaction ID : SA11AI.9112

Amount of Each Receipt this Period
30.00

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

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

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

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

FOR LINE NUMBER: PAGE 65 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 07 / 15 / 2010
Transaction ID : SA11AI.9113

Amount of Each Receipt this Period
 30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 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 State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 08 / 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)..... ▶

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

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

FOR LINE NUMBER: PAGE 66 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 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 State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 09 / 09 / 2010
Transaction ID : SA11AI.9117

Amount of Each Receipt this Period
 30.00

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

Mailing Address 160 Fifth Avenue

City State Zip Code
 Saratoga Springs NY 12866

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

Name of Employer Occupation
 MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 570.00

Date of Receipt
 09 / 23 / 2010
Transaction ID : SA11AI.9118

Amount of Each Receipt this Period
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 67 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 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)
B. Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 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)
C. Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
 Rochester NY 14624

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

Name of Employer Occupation
 MVP VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 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

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

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

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

FOR LINE NUMBER: PAGE 68 OF 79
(check only one)

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

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

Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2010

Transaction ID : SA11AI.9172

Amount of Each Receipt this Period
40.00

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

Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
590.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2010

Transaction ID : SA11AI.9173

Amount of Each Receipt this Period
40.00

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

Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2010

Transaction ID : SA11AI.9175

Amount of Each Receipt this Period
40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 33 Everett Drive

City Rochester	State NY	Zip Code 14624
-------------------	-------------	-------------------

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

Name of Employer MVP	Occupation VP, Sales
-------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
670.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2010

Transaction ID : SA11AI.9176

Amount of Each Receipt this Period
40.00

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

Mailing Address 85 Pinehurst Place

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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

Name of Employer MVP	Occupation CIO
-------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2010

Transaction ID : SA11AI.9198

Amount of Each Receipt this Period
40.00

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

Mailing Address 85 Pinehurst Place

City Middletown	State CT	Zip Code 06457
--------------------	-------------	-------------------

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

Name of Employer MVP	Occupation CIO
-------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
470.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

A. John Vangraafeiland
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 Pinehurst Place
 City Middletown State CT Zip Code 06457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2010
Transaction ID : SA11AI.9200
 Amount of Each Receipt this Period
 40.00

B. John Vangraafeiland
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 Pinehurst Place
 City Middletown State CT Zip Code 06457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2010
Transaction ID : SA11AI.9201
 Amount of Each Receipt this Period
 40.00

C. John Vangraafeiland
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 Pinehurst Place
 City Middletown State CT Zip Code 06457
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2010
Transaction ID : SA11AI.9202
 Amount of Each Receipt this Period
 40.00

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

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

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

FOR LINE NUMBER: PAGE 71 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 85 Pinehurst Place

City State Zip Code
 Middletown CT 06457

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

Name of Employer Occupation
 MVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 630.00

Date of Receipt
 09 / 09 / 2010
Transaction ID : SA11AI.9203

Amount of Each Receipt this Period
 40.00

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

Mailing Address 85 Pinehurst Place

City State Zip Code
 Middletown CT 06457

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

Name of Employer Occupation
 MVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 670.00

Date of Receipt
 09 / 23 / 2010
Transaction ID : SA11AI.9204

Amount of Each Receipt this Period
 40.00

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

Mailing Address 30 Wilton Court

City State Zip Code
 Clifton Park NY 12065

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 07 / 01 / 2010
Transaction ID : SA11AI.9206

Amount of Each Receipt this Period
 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 72 OF 79
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Shanon Vollmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Wilton Court
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2010
Transaction ID : SA11AI.9208
 Amount of Each Receipt this Period
 30.00

B. Shanon Vollmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Wilton Court
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2010
Transaction ID : SA11AI.9209
 Amount of Each Receipt this Period
 30.00

C. Shanon Vollmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Wilton Court
 City Clifton Park State NY Zip Code 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Health Care, Inc. Occupation Associate Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2010
Transaction ID : SA11AI.9210
 Amount of Each Receipt this Period
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Shanon Vollmer
Full Name (Last, First, Middle Initial)
Mailing Address 30 Wilton Court

City Clifton Park	State NY	Zip Code 12065
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Associate Counsel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2010

Transaction ID : SA11AI.9211

Amount of Each Receipt this Period

30.00

B. Shanon Vollmer
Full Name (Last, First, Middle Initial)
Mailing Address 30 Wilton Court

City Clifton Park	State NY	Zip Code 12065
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Associate Counsel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2010

Transaction ID : SA11AI.9212

Amount of Each Receipt this Period

30.00

C. Shanon Vollmer
Full Name (Last, First, Middle Initial)
Mailing Address 30 Wilton Court

City Clifton Park	State NY	Zip Code 12065
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FEC ID number of contributing federal political committee. **C**

Name of Employer MVP Health Care, Inc.	Occupation Associate Counsel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2010

Transaction ID : SA11AI.9213

Amount of Each Receipt this Period

30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	13	/	2010

Transaction ID : SA11AI.9247

Amount of Each Receipt this Period
20.00

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

City Rensselaer	State NY	Zip Code 12144
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2010

Transaction ID : SA11AI.9248

Amount of Each Receipt this Period
20.00

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

City Rensselaer	State NY	Zip Code 12144
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2010

Transaction ID : SA11AI.9249

Amount of Each Receipt this Period
20.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 134 Thornberry Lane

City Rensselaer State NY Zip Code 12144

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 24 / 2010
Transaction ID : SA11AI.9250

Amount of Each Receipt this Period 20.00

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

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 08 / 26 / 2010
Transaction ID : SA11AI.9255

Amount of Each Receipt this Period 30.00

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

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 09 / 2010
Transaction ID : SA11AI.9256

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.00

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

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

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

FOR LINE NUMBER: PAGE 76 OF 79
(check only one)

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

A. Peter Whitehouse
Full Name (Last, First, Middle Initial)
Mailing Address 16 Oak Hill Drive
City Loudon State NH Zip Code 03307
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Health Care, Inc. Occupation Sales Director - NH/VT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 23 / 2010
Transaction ID : SA11AI.9257
Amount of Each Receipt this Period 30.00

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	8317.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BASS VICTORY COMMITTEE

Mailing Address PO Box 3451
PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement
Campaign contribution

011

Candidate Name

CHARLES F. BASS

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 13 / 2010

Transaction ID : SB23.9329

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BASS VICTORY COMMITTEE

Mailing Address PO Box 3451
PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement
Campaign contribution

011

Candidate Name

CHARLES F. BASS

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 14 / 2010

Transaction ID : SB23.9315

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF KELLY AYOTTE

Mailing Address PO BOX 233

City NASHUA State NH Zip Code 03061

Purpose of Disbursement
Campaign contribution

011

Candidate Name

KELLY A AYOTTE

Category/
Type

Office Sought: House
 Senate
 President
State: NH District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2010

Transaction ID : SB23.9311

Amount of Each Disbursement this Period

4000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SCOTT MURPHY FOR CONGRESS

Mailing Address 615 Glen Street

City State Zip Code
Glens Falls NY 12801

Purpose of Disbursement
Campaign contribution

011

Candidate Name

SCOTT MURPHY FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 24 / 2010

Transaction ID : SB23.9316

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

6500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 79 OF 79
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="145.00"/>	Transaction ID : SD10.4163	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="145.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="338.00"/>	Transaction ID : SD10.4165	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="338.00"/>

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

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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