07/10/2008 09:13

Image# 28932138114

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

		or Other Th	an An Autnoriz	ea Commi	ttee		Office Use On	ly
1.		USE FEC MAILI OR TYPE OR PF	-	example:If typing the type in the lines	ng, type			
L	MVP Health Care Inc. Federal	PAC			1 1 1 1	1 1 1 1	1	
Ш						1 1 1 1		
AD	DRESS (number and street)	625 State Stre	et 					
	Check if different					1 1 1 1		
L	than previously reported. (ACC)	Schenectady				NY	12305	
2.	FEC IDENTIFICATION NUME	BER ♥	CITY 🛦			STATEA	ZIPC	CODE A
	C00431429		3. IS THIS REPOR		NEW (N) OR		AMENDED (A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M	12)	May 20 (M5)	Au	ug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Mar 20 (M	13)	Jun 20 (M6)	Se	ep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15		Apr 20 (M	4)	Jul 20 (M7)	00	ct 20 (M10)	Jan 31 (YE)
	Quarterly Report(Q1) (c) 12-E	Dav	Primary (12	2P)	Genera	d (12G)	Runoff (12R)
	X July 15 Quarterly Report(Q2	e) PRE	E-Election			=		, ,
	October 15 Quarterly Report(Q3		ort for the:	Convention	1 (12C)	Special	_	
	January 31 Quarterly Report(YE)	Election on				in the	
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Pos	t -Election	General (30	0G)	Runoff	(30R)	Special (30S)
	Termination Report (TER)	нер	eort for the: Election on				in th Stat	
5.	Covering Period 0 4	0 1	2008	through	0 6	30	2008	
l ce	ertify that I have examined this Re	eport and to the b	pest of my knowledg	e and belief it	is true, correct	and complete	 Э.	
Тур	e or Print Name of Treasurer	Mr. Frank Fa	nshawe					
Sig	nature of Treasurer Ele <u>ctroni</u>	ically Filed by	Mr. Frank Fanshawe	9		Date 0	7 10	2008
NO	TE : Submission of false, errone	eous, or incomple	ete information may	subject the pe	rson signing th	is Report to t	ne penalties of 2	U.S.C 437g.
	Office Use						FEC FO	

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MVP Health Care Inc. Federal PAC D D [®] D 0 4 0 1 2008 0.6 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2008 18579.84 January 1 (b) Cash on Hand at 18579.84 Begining of Reporting Period 7874.00 7874.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 26453.84 26453.84 6(a) and 6(c) for Column B) 8250.00 8250.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 18203.84 18203.84 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 483.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004) Page 3

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

Report Covering the Period:

From:

м м 0 4 01

^Y 2008

To:

м м 0 6 ^D 3^D 0

2008

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From: (a) Individuals/Persons Other			
Than Political Committees (i) Itemized (use Schedule A)	4530.00	4530.00	
(ii) Unitemized	3344.00		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7874.00	7874.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00	
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7874.00	7874.00	
Transfers From Affiliated/Other Party Committees	0.00	0.00	
3. All Loans Received	0.00	0.00	
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00	
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	0.00	0.00	
to Federal candidates and Other Political Committees	0.00	0.00	
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	
8. Transfers from Non-Federal and Levin Funds			
(a) Non-Federal Account (from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00	
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7874.00	7874.00	
Total Federal Receipts (subtract Line 18(c) from Line 19)	7874.00	7874.00	

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) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to	0.00	0.00
24.	Federal Candidates/Committeesand Other Political Committees Independent Expenditure	8250.00	8250.00
25.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
.0.	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29.	Other Disbursements	0.00	0.00
30.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8250.00	8250.00
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	8250.00	8250.00

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)	7874.00	7874.00	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	7874.00	7874.00	
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	

FE6AN026

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 12 (check only one) X 11a 11b 11c 12 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to so	
Full Name (Last, First, Middle Initial) Ms Linda R. Borges Mailing Address 627 Salvia Lane City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation Director of Compliance Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D 2008 Transaction ID: SA11AI.4267 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Ms Lisa A. Brubaker Mailing Address 9 Mile Post Lane City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify)	State Zip Code NY 14534 C Occupation EVP Rochester/Government Programs Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mr. Thomas J. Combs Mailing Address 1620 Scribner Road City Penfield FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify)	State Zip Code NY 14526 C Occupation Sr. Management Aggregate Year-to-Date 1000.00	Date of Receipt M M M / D D
SUBTOTAL of Receipts This Page (optional)	>	2250.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 12 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt
——————————————————————————————————————		06 23 2008
City	State Zip Code NH 03307	Transaction ID: SA11AI.4330
Loudon FEC ID number of contributing federal political committee.	NH 03307	Amount of Each Receipt this Period 80.00
Name of Employer MVP	Occupation Vice President	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) James R. Hopsicker Mailing Address 4209 Oakdale CT		Date of Receipt
Mailing Address 4209 Oakdale C1		06 18 7 2008
City	State Zip Code	Transaction ID: SA11AI.4276
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 Political Contribution
Name of Employer MVP Service Corp.	Occupation RPH	1 ontion contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) David Kadish		Date of Receipt
Mailing Address 44 Surrey Mall		0 6 1 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4277
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer MVP	Occupation VP Contracts	Political Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).		830.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 12 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	nd Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon Mailing Address 1330 Park Avenue City Rochester FEC ID number of contributing federal political committee.	State Zip Code NY 14610	Date of Receipt M M M / D D M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify) ▼	Occupation VP of Network Operations Aggregate Year-to-Date ▼ 500.00	Political Contribution
Full Name (Last, First, Middle Initial) Dr. Thomas H. Neilans Mailing Address 711 Highland Avenue	ue	Date of Receipt 0 6 1 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4271
Rochester	NY 14620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer MVP Service Corp	Occupation Clinical Director, Psychologist	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Aneli Rivera-Platt		Date of Receipt
Mailing Address 215 Dunrovin Lane		05 01 7 2008
City Rochester	State Zip Code NY 14618	Transaction ID: SA11AI.4265
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer MVP	Occupation HR Director	14618
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)	1100.00

A.

FOR LINE NUMBER: PAGE 9/12 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 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) Date of Receipt Kelly Shea-Bradley Mailing Address 6 Eastview Road 0 5 15 2008 City State Zip Code Transaction ID: SA11AI.4270 Latham NY 12110 Amount of Each Receipt this Period FEC ID number of contributing C 350.00 federal political committee. Political Contribution Name of Employer MVP Occupation Administrative Receipt For: Aggregate Year-to-Date General Primary 350.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	350.00
TOTAL This Period (last page this line number only)	•	4530.00

A.

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		E NUMBER: PAGE 10 / 12		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only	22 X 23 24 25 26 28a 28b 28c 29 30b		
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)					
MVP Health Care Inc. Federal PAC					
Full Name (Last, First, Middle Initial) AHIP PAC Administrative Account			Transaction ID: SB23.4286 Date of Disbursement		
Mailing Address 601 Pennsylvania Avenu	e, NW		04		
,	State Zip Code DC 20004		Amount of Each Disbursement this Period		
Purpose of Disbursement Political Contribution		011	5000.00		
Candidate Name		Category/ Type			
° 🗎 –	ement For: 2008 Primary General Other (specify)				
Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4283		
JAMES R BUHRMASTER			Date of Disbursement		
Mailing Address 290 VLEY ROAD			$ \begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} \begin{bmatrix} 0 & 2 & 0 & 0 & 0 & 0 \\ 0 & 2 & 0 & 0 & 0 & 0 \end{bmatrix} $		
,	State Zip Code NY 12302		Amount of Each Disbursement this Period		
Purpose of Disbursement Political Contribution		011	250.00		
Candidate Name JAMES R BUHRMASTER		Category/ Type			
	ement For: 2008 Primary General Other (specify)				
State: NY District: 21					
Full Name (Last, First, Middle Initial) JOHN KUHL			Transaction ID: SB23.4281 Date of Disbursement		
Mailing Address 12262 WEST LAKE RD			05 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	State Zip Code NY 14840		Amount of Each Disbursement this Period		
Purpose of Disbursement Political Contribution		011	1500.00		
Candidate Name JOHN KUHL		Category/ Type			
	ement For: 2008 Primary General Other (specify)				
State: NY District: 29	- ·				
SUBTOTAL of Disbursements This Page (optional))	6750.00		

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and Statem	for each category of the Detailed Summary Page (check on 21b 27) ents may not be sold or used by any person	22 X 23 24 25 26 28 28a 28b 28c 29 30b for the purpose of soliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	and address of any political committee to s	olicit contributions from such committee
Full Name (Last, First, Middle Initial) PETER WELCH Mailing Address 346 TOWN FARM HILL F	ROAD	Transaction ID: SB23.4279 Date of Disbursement O 5
HARTLAND Purpose of Disbursement Political Contribution Candidate Name PETER WELCH Office Sought: X House Disburser Senate X President	State Zip Code VT 05048 011 Category/ Type ment For: 2008 Primary General Other (specify)	Amount of Each Disbursement this Period 1500.00
State: VT District: 00		

SUBTOTAL of Disbursements This Page (optional)	•	1500.00
TOTAL This Period (last page this line number only)	•	8250.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s)

PAGE 12 / 12 FOR LINE NUMBER: ___

Excluding Loans
NAME OF COMMITTEE (In Fu

				for each (check only one) numbered line)		
NAME OF CO	OMMITTEE (In Full)				X 10	
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 Ad	Idress P.O. Box 742572					
City Cincinna	State ti OH	ZIP Code 45274				
Outstanding Balance Beginning This Period			Transaction ID: SD10.4163			
	145.00					
,	Amount Incurred This Period	Payment This Period	Payment This Period Outstanding Balance at Close of This Period			
	0.00	0.00			145.00	
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done				Nature of Debt (Purpose): Advertising		
Mailing Ad	ldress 96 Jay Street					
City Schenec	State tady NY	ZIP Code 12305				
Outstan	nding Balance Beginning This Period		Tra	nsaction ID: SD10.41	65	
	338.00					
/	Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of T	his Period	
	0.00	0.00			338.00	
1) SUBTOTA	ALS This Period This Page (optional)		• []	483.0	00	
2) TOTALS This Period (last page this line number only)				483.00		
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0.0	0	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)					0	