



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00
Y	Y	Y	Y									
2	0	0	7									
0.00												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">7250.00</td></tr></table>	7250.00	<table border="1" style="width: 100%;"><tr><td align="right">7250.00</td></tr></table>	7250.00								
7250.00												
7250.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">7250.00</td></tr></table>	7250.00	<table border="1" style="width: 100%;"><tr><td align="right">7250.00</td></tr></table>	7250.00								
7250.00												
7250.00												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00								
0.00												
0.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">7250.00</td></tr></table>	7250.00	<table border="1" style="width: 100%;"><tr><td align="right">7250.00</td></tr></table>	7250.00								
7250.00												
7250.00												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">483.00</td></tr></table>	483.00										
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: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	6600.00	6600.00
(i) Itemized (use Schedule A) .....	650.00	650.00
(ii) Unitemized .....	7250.00	7250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7250.00	7250.00
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 Transfer (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)) .....	7250.00	7250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7250.00	7250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	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))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	7250.00	7250.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7250.00	7250.00
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 11
	<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.** Full Name (Last, First, Middle Initial)  
Ms Mary C. 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 MVP Service Corp Occupation VP Product Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 22 / 2007

Transaction ID: SA11A1.4224

Amount of Each Receipt this Period  
750.00

PAC Contribution

**B.** Full Name (Last, First, Middle Initial)  
Ms Linda R. Borges

Mailing Address 627 Salvia Lane

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Service Corp Occupation Director of Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2007

Transaction ID: SA11A1.4225

Amount of Each Receipt this Period  
250.00

PAC Contribution

**C.** Full Name (Last, First, Middle Initial)  
Ms Teresa S.I Briggs

Mailing Address 710 Western Avenue

City State Zip Code  
Albany NY 12203

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

Name of Employer MVP Service Corp Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 02 / 2007

Transaction ID: SA11A1.4230

Amount of Each Receipt this Period  
250.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 11
	<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) <b>A. Ms Lisa A. Brubaker</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 9 Mile Post Lane		<b>Transaction ID: SA11A1.4231</b>	
City State Zip Code Pittsford NY 14534		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer MVP Service Corp Occupation EVP Rochester/Government Programs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Thomas J. Combs</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address 1620 Scribner Road		<b>Transaction ID: SA11A1.4233</b>	
City State Zip Code Penfield NY 14526		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer MVP Service Corp Occupation Sr. Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ms Nancy E. Faccione</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address 27 Fairhill Road		<b>Transaction ID: SA11A1.4234</b>	
City State Zip Code Clifton Park NY 12065		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		PAC Contribution	
Name of Employer MVP Service Corp Occupation Attorney			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 11
	<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) <b>A.</b> Kim Ann Hess		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 237 Jacobs Road		<b>Transaction ID:</b> SA11A1.4236	
City State Zip Code Macedon NY 14502	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer MVP Service Corp. Occupation Management	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> James R. Hopsicker		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 4209 Oakdale CT		<b>Transaction ID:</b> SA11A1.4237	
City State Zip Code Schenectady NY 12303	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer MVP Service Corp. Occupation RPH	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> William V. Little		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address 300 Partridge Lane		<b>Transaction ID:</b> SA11A1.4238	
City State Zip Code Charlotte VT 05445	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C	PAC Contribution		
Name of Employer MVP Service Corp. Occupation VP Vermont	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 11
	<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) <b>A.</b> Mr. Matthew J. Mackinnon		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 1330 Park Avenue		Transaction ID: SA11A1.4239
City State Zip Code Rochester NY 14610	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Service Corp. Occupation VP of Network Operations	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Anthony J. Mangiapane		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 8 Outlook Drive		Transaction ID: SA11A1.4240
City State Zip Code Mechanicville NY 12118	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Service Corp. Occupation Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Thomas H. Neilans		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 711 Highland Avenue		Transaction ID: SA11A1.4242
City State Zip Code Rochester NY 14620	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC Contribution	
Name of Employer MVP Service Corp. Occupation Clinical Director, Psychologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 11	
	(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"/> 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.** Full Name (Last, First, Middle Initial)  
Ms Denise Stasik

Mailing Address 6 Northwood Drive

City State Zip Code  
Ballston Spa NY 12020

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

Name of Employer Occupation  
MVP Service Corp Director of Appeals

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	2	/	2	0	0	7

Transaction ID: SA11A1.4244

Amount of Each Receipt this Period  
250.00

PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6600.00

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks	Nature of Debt (Purpose): Printing of Checks
Mailing Address P.O. Box 742572	
City State ZIP Code Cincinnati OH 45274-2572	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.4154</b>	
Amount Incurred This Period 145.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 145.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done	Nature of Debt (Purpose): Printing of PAC Brochures
Mailing Address 96 Jay Street	
City State ZIP Code Schenectady NY 12305	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID: SD10.4157</b>	
Amount Incurred This Period 338.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 338.00

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>483.00</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	<b>483.00</b>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	