07/31/2007 17:29

Image# 27990431139

## **FEC** FORM 3X

COMMITTEE (in full)

ADDRESS (number and street)

Check if different than previously

reported. (ACC)

C00431429

**TYPE OF REPORT** 

(a) Quarterly Reports:

April 15

July 15

(TER)

Covering Period

Signature of Treasurer

Office

Use

Only

Type or Print Name of Treasurer

October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE)

July 31 Mid-Year

Report(Non-election Year Only) (MY)

Termination Report

0 1

Quarterly Report(Q1)

Quarterly Report(Q2)

(c)

(d)

0 1

(Choose One)

Х

FEC IDENTIFICATION NUMBER

MVP Health Care, Inc. Federal PAC

1. NAME OF

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only **USE FEC MAILING LABEL** Example: If typing, type OR TYPE OR PRINT ₩ over the lines 625 Street Schenectady NY 12305 STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** Х REPORT OR (N) (A) (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) 12-Day Primary (12P) General (12G) Runoff (12R) PRE-Election Report for the: Convention (12C) Special (12G) in the Election on State of 30-Day Post -Election General (30G) Runoff (30R) Special (30S) Report for the: in the Election on State of 2007 06 30 2007 through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Frank J. Fanshawe Electronically Filed by Mr. Frank J. Fanshawe 07 3 1 2007 Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. **FEC FORM 3X** 

(Rev. 02/2003)

FEC Form 3X (Rev. 02/2003)

# **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name MVP Health Care, Inc. Federal PAC <sup>®</sup> D " D 0 1 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 0.00 2007 January 1 (b) Cash on Hand at 0.00 Begining of Reporting Period ..... 7250.00 7250.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 7250.00 7250.00 6(a) and 6(c) for Column B) ..... 0.00 0.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 7250.00 7250.00 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 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. 02/2003) Page 3

2007

3<sup>D</sup>0

2007

7250.00

7250.00

м м 0 6

To:

0 1

м N 0 1

From:

Write or Type Committee Name

MVP Health Care, Inc. Federal P

Report Covering the Period:

19. Total Receipts (add Lines 11(d),

20. Total Federal Receipts

12, 13, 14, 15, 16, 17, and 18(c)) .....

(subtract Line 18(c) from Line 19) .....

MVP Health Care, Inc. Federal PAC

**COLUMN A COLUMN B** I. Receipts **Total This Period** 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 ..... (iii) TOTAL (add 7250.00 7250.00 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 7250.00 7250.00 Totals to Line 33, page 5) ...... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)).

7250.00

7250.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. D	ISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	g Expenditures: red Federal/Non-Federal		
	vity (from Schedule H4)	0.00	0.00
(i)	Federal Share	0.00	0.00
` '	Non-Federal Share	0.00	0.00
	er Federal Operating enditures	0.00	0.00
(c) Tota	I 21(a)(i), (a)(ii) and (b))	0.00	0.00
•	s to Affiliated/Other Party	0.00	0.00
Committe	ees	0.00	0.00
23. Contribut Federal C and Othe	ions to Candidates/Committees r Political Committees	0.00	0.00
	lent Expenditure	0.00	0.00
use Sch) 25. Coordina	edule E) ted Expenditures Made by Party	0.00	0.00
Committe	ees (2 U.S.C. 441a(d)) edule F)	0.00	0.00
26. Loan Rep	payments Made	0.00	0.00
	ade	0.00	0.00
(a) Indiv	of Contributions To: viduals/Persons Other n Political Committees	0.00	0.00
	ical Party Committees	0.00	0.00
(c) Othe	er Political Committees	0.00	0.00
`	th as PACs)l Contribution Refunds	0.00	0.00
` '	I Lines 28(a), (b), and (c))	0.00	0.00
29. Other Dis	sbursements	0.00	0.00
30. Federal l	Election Activity (2 U.S.C 431(20))		
. ,	red Federal Election Activity		
`	n Schedule H6) ederal Share	0.00	0.00
(ii) "	Levin" Share	0.00	0.00
	eral Election Activity Paid Entirely Federal Funds	0.00	0.00
(c) Tota	Federal Election Activity (add es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Dis	bursements (add Lines 21(c), 22,	0.00	0.00
23, 24, 2	25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
32. Total Fe	deral Disbursements		
•	t Line 21(a)(ii) from Line 30(a)(ii)	0.00	0.00
IIOM LIN	e 31)	0.00	0.00

## **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)	7250.00	7250.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	7250.00	7250.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 11	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
HEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Aı or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and ado	not be sold or used by any pers lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
	MVP Health Care, Inc. Federal PAC				
Α.				Date of Receipt	
	Mailing Address 6 Doris Drive		= 0	03 / 22 / 2007	
	City	State	Zip Code	Transaction ID: SA11A1.4224	
	Scotia	NY	12302	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		750.00	
	Name of Employer MVP Service Corp	Occupation VP Produ	nuct Development	PAC Contribution	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	750.00	7	
	Other (specify) ▼	0 0	750.00		
В.	Full Name (Last, First, Middle Initial) Ms Linda R. Borges			Date of Receipt	
	Mailing Address 627 Salvia Lane	05 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: SA11A1.4225	
	Schenectady	NY	12303	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer MVP Service Corp.	Occupation Director of	n of Compliance	PAC Contribution	
	Receipt For:		Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)	0 0	250.00		
c.	Full Name (Last, First, Middle Initial) Ms Teresa S.I Briggs			Date of Receipt	
	Mailing Address 710 Western Avenue	$ \begin{bmatrix} M & M & M \\ 0 & 4 \end{bmatrix} / \begin{bmatrix} D & D & J \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{bmatrix} $			
	City	State	Zip Code	Transaction ID: SA11A1.4230	
	Albany	NY	12203	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer MVP Service Corp.	Occupation Medical [		PAC Contribution	
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	UBTOTAL of Receipts This Page (optional)			1250.00	
Н					
I T	OTAL This Period (last page this line number or	ılv)			

# SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)		Han congrete ask of the (-)	FOR LINE NUMBER: PAGE 7/11		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
11	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12		
Λ.	avinformation conind from such December 10:	atomorate :	, not be cold as well by	13 14 15 16 17		
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)					
/	MVP Health Care, Inc. Federal PAC					
۹.	Full Name (Last, First, Middle Initial) Ms Lisa A. Brubaker			Date of Receipt		
	Mailing Address 9 Mile Post Lane			04 / 19 / 2007		
	City	State	Zip Code	Transaction ID: SA11A1.4231		
	Pittsford	NY	14534	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer MVP Service Corp	Occupation EVP Boo	n hester/Government Program	PAC Contribution		
	Receipt For:		Year-to-Date ▼			
	Primary General					
	Other (specify) ▼		1000.00			
3.	Full Name (Last, First, Middle Initial) Mr. Thomas J. Combs			Date of Receipt		
	Mailing Address 1620 Scribner Road			04 05 7 2007		
	City	State	Zip Code	Transaction ID: SA11A1.4233		
	Penfield	NY	14526	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer MVP Service Corp.	Occupation Sr. Mana		PAC Contribution		
	Receipt For:		e Year-to-Date ▼			
	Primary General	1 1	1000.00			
	Other (specify)	0 0	1000.00			
Э.	Full Name (Last, First, Middle Initial) Ms Nancy E. Faccone			Date of Receipt		
	Mailing Address 27 Fairhill Road			04 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.4234		
	Clifton Park	NY	12065	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer MVP Service Corp.	Occupation Attorney	n	PAC Contribution		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)	0 0	230.00			
s	UBTOTAL of Receipts This Page (optional)			2250.00		
_	OTAL This David destruction 12. P					
1	OTAL This Period (last page this line number of	nıy)	<b>&gt;</b>			

# SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/11
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Δn	y information copied from such Reports and St	atements may	y not he sold or used by any ners	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$ \rangle$	MVP Health Care, Inc. Federal PAC			
	Full Name (Last First Middle Initial)			
Α.	Full Name (Last, First, Middle Initial) Kim Ann Hess			Date of Receipt
	Mailing Address 237 Jacobs Road			M M / D D / Y Y Y Y
				04 19 2007
	City	State	Zip Code	Transaction ID: SA11A1.4236
	Macedon	NY	14502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	rederal political committee.			DAC Contribution
	Name of Employer MVP Service Corp.	Occupation		PAC Contribution
	·	Managen		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	750.00	
		1 1		-
_	Full Name (Last, First, Middle Initial)			
В.	James R. Hopsicker			Date of Receipt
	Mailing Address 4209 Oakdale CT			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11A1.4237
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		350.00
	Name of Employer	Occupation	1	PAC Contribution
	MVP Service Corp.	RPH		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	350.00	7
	Other (specify)	0 0	000.00	
_	Full Name (Last, First, Middle Initial)			
C.	William V. Little			Date of Receipt
	Mailing Address 300 Partridge Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	0 4 0 5 2 0 0 7  Transaction ID: SA11A1.4238
	<u>Charlotte</u>	VT	05445	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	
	federal political committee.	C		750.00
	Name of Employer	Occupation	<u> </u>	PAC Contribution
	MVP Service Corp.	VP Verm		
	Receipt For:		Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼		750.00	
	IPTOTAL of December This Deser (continue)	1850.00		
SUBTOTAL of Receipts This Page (optional)				
TOTAL This Period (last page this line number only)				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 11	
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIT 13		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	ny information copied from such Reports and State	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the na	me and add	aress of any political committee to	solicit contributions from such committee.
$  \rangle$	NAME OF COMMITTEE (In Full)  MVP Health Care, Inc. Federal PAC			
/	Wivi Fleatin Gare, Inc. Federal FAG			
Α.	Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon			Date of Receipt
Α.	Mailing Address 1330 Park Avenue			M M / D D / Y Y Y Y
				03 22 2007
	City	State	Zip Code	Transaction ID: SA11A1.4239
	Rochester	NY	14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MVP Service Corp.	Occupation VP of Ne	n twork Operations	PAC Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, , ,	500.00	]
	Other (specify) ▼			1
В.	Full Name (Last, First, Middle Initial) Dr. Anthony J. Mangiapane			Date of Receipt
	Mailing Address 8 Outlook Drive			06 29 2007
	City	State	Zip Code	Transaction ID: SA11A1.4240
	Mechanicville	NY	12118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MVP Service Corp.	Occupation		PAC Contribution
		Physician		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			Data of Bassist
C.	Dr. Thomas H. Neilans  Mailing Address 711 Highland Avenue			Date of Receipt
				03 22 2007
	City	State	Zip Code	Transaction ID: SA11A1.4242
	Rochester	NY	14620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer MVP Service Corp	Occupation Clinical D	n Director, Psychologist	PAC Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	]
	Other (specify)		0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$				
T	OTAL This Period (last page this line number onl	y)	<b>)</b>	

A. Ms Denise Stasik

**Ballston Spa** 

Name of Employer MVP Service Corp

Primary

Receipt For:

City

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

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

MVP Health Care, Inc. Federal PAC

Mailing Address 6 Northwood Drive

General

NY

C

FOR LINE NUMBER: PAGE 10/11 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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. Date of Receipt 0 4 02 2007 Zip Code State Transaction ID: SA11A1.4244 12020 Amount of Each Receipt this Period 250.00 **PAC** Contribution Occupation Director of Appeals Aggregate Year-to-Date ▼

250.00

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

## **SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE 11 / 11 □ 9

FOR LINE NUMBER:	
(check only one)	

Excluding Loans		numbered line)	X 10		
NAME OF COMMITTEE (In Full) MVP Health Care, Inc. Federal PAC					
A. Full Name (Last, First, Middle Initial) of Debtor of Deluxe Business Checks		Nature of Debt (Purpose): Printing of Checks			
Mailing Address P.O. Box 742572					
City State Cincinnati OH	ZIP Code 45274-2572				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.4154		
0.00  Amount Incurred This Period	Payment This Period	Outstandi	Outstanding Balance at Close of This Period		
145.00	0.00		145.00		
B. Full Name (Last, First, Middle Initial) of Debtor of Media Well Done	or Creditor		Debt (Purpose):  of PAC Brochures		
Mailing Address 96 Jay Street					
City State Schenectady NY	ZIP Code 12305				
Outstanding Balance Beginning This Period	Tra	Transaction ID: SD10.4157			
0.00  Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period		
338.00	0.00		338.00		
SUBTOTALS This Period This Page (optional)		. <b>•</b> .	483.00		
2) TOTALS This Period (last page this line number or		. <b>&gt;</b>	483.00		
3) TOTALS OUTSTANDING LOANS from Schedule	e C (last page only)	. <b>•</b>			
4) ADD 2) and 3) and carry forward to appropriate lin	e of Summary Page (last page only)	<b>-</b>			