



**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.....	34410.84	
(c) Total Receipts (from Line 19) .....	15407.00	23622.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	49817.84	60322.84
7. Total Disbursements (from Line 31).....	6012.50	16517.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	43805.34	43805.34
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MVP Health Care Inc. Federal PAC**

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

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).....	11730.00	12890.00
(ii) Unitemized .....	3677.00	10732.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15407.00	23622.00
(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) .....	15407.00	23622.00
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))..... ▶	15407.00	23622.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15407.00	23622.00

**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.....	6000.00	16500.00
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 .....	5.00	5.00
(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)).....	5.00	5.00
29. Other Disbursements .....	7.50	12.50
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)) ..	6012.50	16517.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6012.50	16517.50

**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) .....	15407.00	23622.00
34. Total Contribution Refunds (from Line 28(d)) .....	5.00	5.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15402.00	23617.00
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: (check only one)	PAGE 6 OF 62
	<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. Karla Austen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 157 Old Hyde Road

City Weston	State CT	Zip Code 06883
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		14		2010

**Transaction ID : SA11AI.8437**

Amount of Each Receipt this Period  
1000.00

Individual Contribution

**B. Ms. Mary Bianchi**  
Full Name (Last, First, Middle Initial)  
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 ▼  
210.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		08		2010

**Transaction ID : SA11AI.7863**

Amount of Each Receipt this Period  
30.00

**C. Ms. Mary Bianchi**  
Full Name (Last, First, Middle Initial)  
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 ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		22		2010

**Transaction ID : SA11AI.7864**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1060.00
<b>TOTAL</b> 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 62  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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 ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2010

**Transaction ID : SA11AI.7865**

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
----------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2010

**Transaction ID : SA11AI.7866**

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
----------------	-------------	-------------------

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 ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2010

**Transaction ID : SA11AI.7867**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> 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 8 OF 62  
(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. 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 ▼  
 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2010

**Transaction ID : SA11AI.7868**

Amount of Each Receipt this Period  
 30.00

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 ▼  
 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2010

**Transaction ID : SA11AI.7875**

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 ▼  
 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2010

**Transaction ID : SA11AI.7876**

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 9 OF 62
	<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. Charles Bloss**  
Full Name (Last, First, Middle Initial)  
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 ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2010

**Transaction ID : SA11AI.7878**

Amount of Each Receipt this Period  

40.00
-------

**B. Charles Bloss**  
Full Name (Last, First, Middle Initial)  
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 ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2010

**Transaction ID : SA11AI.7879**

Amount of Each Receipt this Period  

40.00
-------

**C. Charles Bloss**  
Full Name (Last, First, Middle Initial)  
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 ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2010

**Transaction ID : SA11AI.7880**

Amount of Each Receipt this Period  

40.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> 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 10 OF 62
	(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. 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 ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2010

**Transaction ID : SA11AI.7881**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 627 Salvia Lane

City Schenectady	State NY	Zip Code 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  

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2010

**Transaction ID : SA11AI.8452**

Amount of Each Receipt this Period  
250.00

Individual Contribution

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

Mailing Address 710 Western Ave

City Albany	State NY	Zip Code 12203
----------------	-------------	-------------------

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

Name of Employer MVP	Occupation Medical Director
-------------------------	--------------------------------

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
06		21		2010

**Transaction ID : SA11AI.7885**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	590.00
<b>TOTAL</b> 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 62  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. 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 ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 03 / 2010  
**Transaction ID : SA11AI.7891**  
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 ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2010  
**Transaction ID : SA11AI.7892**  
Amount of Each Receipt this Period  
20.00

**C. Ms Lisa A. Brubaker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Mile Post Lane  
City Pittsford State NY Zip Code 14534  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Service Corp Occupation EVP Rochester/Government Programs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 14 / 2010  
**Transaction ID : SA11AI.8451**  
Amount of Each Receipt this Period  
1500.00  
Individual Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1540.00  
**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 62  
(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. 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 ▼  
 210.00

Date of Receipt  
 04 / 08 / 2010  
**Transaction ID : SA11AI.7893**

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 ▼  
 240.00

Date of Receipt  
 04 / 22 / 2010  
**Transaction ID : SA11AI.7894**

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 ▼  
 270.00

Date of Receipt  
 05 / 06 / 2010  
**Transaction ID : SA11AI.7895**

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 13 OF 62
	<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. 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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 20 / 2010  
**Transaction ID : SA11AI.7896**  
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 ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 03 / 2010  
**Transaction ID : SA11AI.7897**  
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 ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2010  
**Transaction ID : SA11AI.7898**  
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 62
	<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. Jennifer Cenzano**  
Full Name (Last, First, Middle Initial)

Mailing Address 1177 North Rd.

City	State	Zip Code
W Glenville	NY	12010

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

Name of Employer	Occupation
MVP Health Care	Director

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  
 05 / 14 / 2010  
**Transaction ID : SA11AI.8443**

Amount of Each Receipt this Period  
 250.00

**B. Mr. Thomas J. Combs**  
Full Name (Last, First, Middle Initial)

Mailing Address 1620 Scribner Road

City	State	Zip Code
Penfield	NY	14526

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

Name of Employer	Occupation
MVP Service Corp.	Sr. Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2010  
**Transaction ID : SA11AI.8449**

Amount of Each Receipt this Period  
 1050.00

Individual Contribution

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

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 ▼  
210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2010  
**Transaction ID : SA11AI.7924**

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1330.00
<b>TOTAL</b> 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 62
	<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**

Full Name (Last, First, Middle Initial) <b>A. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
Liverpool	NY	13090
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7925</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
City	State	Zip Code
Liverpool	NY	13090
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7927</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Patricia Deferio</b>		Date of Receipt
Mailing Address 7723 Majestic Drive		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
City	State	Zip Code
Liverpool	NY	13090
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.7928</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
MVP	Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="310.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
<b>TOTAL</b> 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 16 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2010  
**Transaction ID : SA11AI.7929**  
 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 ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2010  
**Transaction ID : SA11AI.7930**  
 Amount of Each Receipt this Period  
 40.00

**C. 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2010  
**Transaction ID : SA11AI.7938**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> 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 62  
(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**

**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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2010  
**Transaction ID : SA11AI.7939**  
 Amount of Each Receipt this Period  
 30.00

**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 ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2010  
**Transaction ID : SA11AI.7940**  
 Amount of Each Receipt this Period  
 30.00

**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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2010  
**Transaction ID : SA11AI.7941**  
 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 18 OF 62
	<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. 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 ▼ **340.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 03 / 2010

**Transaction ID : SA11AI.7942**

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 ▼ **380.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 17 / 2010

**Transaction ID : SA11AI.7943**

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 ▼ **280.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 08 / 2010

**Transaction ID : SA11AI.7962**

Amount of Each Receipt this Period  

40.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>120.00</b>
<b>TOTAL</b> 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 19 OF 62  
(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. 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 ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2010  
**Transaction ID : SA11AI.7963**  
 Amount of Each Receipt this Period  
 40.00

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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2010  
**Transaction ID : SA11AI.7964**  
 Amount of Each Receipt this Period  
 40.00

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 ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2010  
**Transaction ID : SA11AI.7965**  
 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 62
	(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**

**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 ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2010

**Transaction ID : SA11AI.7966**

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 ▼  
540.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2010

**Transaction ID : SA11AI.7967**

Amount of Each Receipt this Period  
60.00

**C. 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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2010

**Transaction ID : SA11AI.7993**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> 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 62  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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**

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 ▼  
320.00

Date of Receipt  
04 / 22 / 2010  
**Transaction ID : SA11Al.7994**

Amount of Each Receipt this Period  
40.00

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 ▼  
360.00

Date of Receipt  
05 / 06 / 2010  
**Transaction ID : SA11Al.7995**

Amount of Each Receipt this Period  
40.00

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 ▼  
400.00

Date of Receipt  
05 / 20 / 2010  
**Transaction ID : SA11Al.7996**

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 22 OF 62
	<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	<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. 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 ▼ 445.00

Date of Receipt  
06 / 03 / 2010  
**Transaction ID : SA11Al.7997**  
Amount of Each Receipt this Period 45.00

**B. 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 ▼ 490.00

Date of Receipt  
06 / 17 / 2010  
**Transaction ID : SA11Al.7998**  
Amount of Each Receipt this Period 45.00

**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 ▼ 220.00

Date of Receipt  
06 / 03 / 2010  
**Transaction ID : SA11Al.8009**  
Amount of Each Receipt this Period 20.00

**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 23 OF 62
	<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	<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) <b>A. Bill Geddings</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2010
Mailing Address 75 Robinwood Drive		<b>Transaction ID : SA11AI.8010</b>
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer MVP	Occupation VP Health Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Patrick Glavey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 08 / 2010
Mailing Address 165 Windemere Road		<b>Transaction ID : SA11AI.8018</b>
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. Patrick Glavey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 22 / 2010
Mailing Address 165 Windemere Road		<b>Transaction ID : SA11AI.8019</b>
City Rochester	State NY	Zip Code 14610
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> 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 62  
(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. 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 ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2010

**Transaction ID : SA11AI.8020**

Amount of Each Receipt this Period  
 60.00

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 ▼  
 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2010

**Transaction ID : SA11AI.8021**

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 ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2010

**Transaction ID : SA11AI.8022**

Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00

**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 25 OF 62
	<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	<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. 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 ▼ **780.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2010

**Transaction ID : SA11AI.8023**

Amount of Each Receipt this Period  

60.00
-------

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 ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2010

**Transaction ID : SA11AI.8030**

Amount of Each Receipt this Period  

60.00
-------

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 ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2010

**Transaction ID : SA11AI.8031**

Amount of Each Receipt this Period  

60.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>200.00</b>
<b>TOTAL</b> 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 62  
(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**

**A. Denise Gonick**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2010  
**Transaction ID : SA11AI.8032**  
 Amount of Each Receipt this Period  
 60.00

**B. Denise Gonick**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2010  
**Transaction ID : SA11AI.8033**  
 Amount of Each Receipt this Period  
 60.00

**C. Denise Gonick**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 670.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2010  
**Transaction ID : SA11AI.8034**  
 Amount of Each Receipt this Period  
 70.00

**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 27 OF 62
<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

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. 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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 740.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 17 / 2010  
**Transaction ID : SA11AI.8035**  
Amount of Each Receipt this Period  
70.00

**B. Christopher Henchey**  
Full Name (Last, First, Middle Initial)  
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 ▼ 560.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2010  
**Transaction ID : SA11AI.8046**  
Amount of Each Receipt this Period  
80.00

**c. Christopher Henchey**  
Full Name (Last, First, Middle Initial)  
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 ▼ 640.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 22 / 2010  
**Transaction ID : SA11AI.8047**  
Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.00  
**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 62
	<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**

Full Name (Last, First, Middle Initial) <b>A. Christopher Henchey</b>		Date of Receipt
Mailing Address 144 Berry Road		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
City Loudon	State NH	Zip Code 03307
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.8048</b>
Name of Employer MVP		Amount of Each Receipt this Period
Occupation Vice President		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="720.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Christopher Henchey</b>		Date of Receipt
Mailing Address 144 Berry Road		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
City Loudon	State NH	Zip Code 03307
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.8049</b>
Name of Employer MVP		Amount of Each Receipt this Period
Occupation Vice President		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="800.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Christopher Henchey</b>		Date of Receipt
Mailing Address 144 Berry Road		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
City Loudon	State NH	Zip Code 03307
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.8050</b>
Name of Employer MVP		Amount of Each Receipt this Period
Occupation Vice President		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="880.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 29 OF 62
	<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	<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. Christopher Henchey**  
Full Name (Last, First, Middle Initial)

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 ▼ 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2010  
**Transaction ID : SA11AI.8051**

Amount of Each Receipt this Period  
 80.00

**B. David Henderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

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  
 04 / 08 / 2010  
**Transaction ID : SA11AI.8052**

Amount of Each Receipt this Period  
 60.00

**C. David Henderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

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  
 04 / 22 / 2010  
**Transaction ID : SA11AI.8053**

Amount of Each Receipt this Period  
 60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

**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 62
	<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. David Henderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

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  
**05 / 06 / 2010**

**Transaction ID : SA11AI.8054**

Amount of Each Receipt this Period  
**60.00**

**B. James R. Hopsicker**  
Full Name (Last, First, Middle Initial)

Mailing Address 4209 Oakdale CT

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Service Corp. Occupation RPH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 24 / 2010**

**Transaction ID : SA11AI.8463**

Amount of Each Receipt this Period  
**750.00**

Individual Contribution

**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 ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 08 / 2010**

**Transaction ID : SA11AI.8081**

Amount of Each Receipt this Period  
**30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>840.00</b>
<b>TOTAL</b> 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 31 OF 62
	<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. 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 ▼ 240.00

Date of Receipt  
 04 / 22 / 2010  
**Transaction ID : SA11AI.8082**  
 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 ▼ 270.00

Date of Receipt  
 05 / 06 / 2010  
**Transaction ID : SA11AI.8083**  
 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 ▼ 300.00

Date of Receipt  
 05 / 20 / 2010  
**Transaction ID : SA11AI.8084**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 62
	<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	<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 ▼ **330.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 03 / 2010

**Transaction ID : SA11AI.8085**

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 ▼ **360.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
06 / 17 / 2010

**Transaction ID : SA11AI.8086**

Amount of Each Receipt this Period  

30.00
-------

**C. 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 ▼ **210.00**

Date of Receipt  

M M / D D / Y Y Y Y Y Y
04 / 09 / 2010

**Transaction ID : SA11AI.8095**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> 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 62
	<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. 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 ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2010  
**Transaction ID : SA11AI.8099**

Amount of Each Receipt this Period  
**40.00**

**B. 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 ▼ **390.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2010  
**Transaction ID : SA11AI.8100**

Amount of Each Receipt this Period  
**40.00**

**C. David Kadish**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 Surrey Mall

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation VP Contracts

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  
 05 / 24 / 2010  
**Transaction ID : SA11AI.8455**

Amount of Each Receipt this Period  
**300.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>380.00</b>
<b>TOTAL</b> 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 35 OF 62  
(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. Dennis Kant**

Mailing Address 11 White Briar

City State Zip Code  
 Pittsford NY 14534

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

Name of Employer Occupation  
 MVP VP 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  
 04 / 08 / 2010  
**Transaction ID : SA11AI.8112**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Dennis Kant**

Mailing Address 11 White Briar

City State Zip Code  
 Pittsford NY 14534

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

Name of Employer Occupation  
 MVP VP Finance

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  
 04 / 22 / 2010  
**Transaction ID : SA11AI.8113**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Dennis Kant**

Mailing Address 11 White Briar

City State Zip Code  
 Pittsford NY 14534

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

Name of Employer Occupation  
 MVP VP Finance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2010  
**Transaction ID : SA11AI.8114**

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 36 OF 62  
(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**

**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 ▼ 210.00

Date of Receipt 04 / 08 / 2010  
**Transaction ID : SA11AI.8129**  
 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 ▼ 240.00

Date of Receipt 04 / 22 / 2010  
**Transaction ID : SA11AI.8130**  
 Amount of Each Receipt this Period 30.00

**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 ▼ 270.00

Date of Receipt 05 / 06 / 2010  
**Transaction ID : SA11AI.8131**  
 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 37 OF 62
	<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. 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 ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		20		2010

**Transaction ID : SA11AI.8132**

Amount of Each Receipt this Period  

300.00
--------

**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 ▼ **330.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		03		2010

**Transaction ID : SA11AI.8133**

Amount of Each Receipt this Period  

30.00
-------

**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 ▼ **360.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		17		2010

**Transaction ID : SA11AI.8134**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> 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 62
	<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**

Full Name (Last, First, Middle Initial) <b>A. Leonard Lindenmuth</b>		Date of Receipt
Mailing Address 33 Oak Street		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
City	State	Zip Code
Binghamton	NY	13905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.8135</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	VP Southern	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Leonard Lindenmuth</b>		Date of Receipt
Mailing Address 33 Oak Street		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
City	State	Zip Code
Binghamton	NY	13905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.8136</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	VP Southern	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Leonard Lindenmuth</b>		Date of Receipt
Mailing Address 33 Oak Street		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
City	State	Zip Code
Binghamton	NY	13905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.8137</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
MVP	VP Southern	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> 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 39 OF 62
	(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) <b>A. Leonard Lindenmuth</b>		Date of Receipt
Mailing Address 33 Oak Street		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
City	State	Zip Code
Binghamton	NY	13905
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.8138</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
MVP	VP Southern	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Leonard Lindenmuth</b>		Date of Receipt
Mailing Address 33 Oak Street		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
City	State	Zip Code
Binghamton	NY	13905
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.8139</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
MVP	VP Southern	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Leonard Lindenmuth</b>		Date of Receipt
Mailing Address 33 Oak Street		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City	State	Zip Code
Binghamton	NY	13905
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.8140</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	
MVP	VP Southern	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="90.00"/>
<b>TOTAL</b> 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 40 OF 62
	<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. 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 ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 08 / 2010**

**Transaction ID : SA11AI.8141**

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 ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 22 / 2010**

**Transaction ID : SA11AI.8142**

Amount of Each Receipt this Period  
**30.00**

**C. 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 ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 06 / 2010**

**Transaction ID : SA11AI.8143**

Amount of Each Receipt this Period  
**30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> 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 62  
(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. 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 ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2010

**Transaction ID : SA11AI.8144**

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 ▼  
 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2010

**Transaction ID : SA11AI.8145**

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 ▼  
 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2010

**Transaction ID : SA11AI.8146**

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 42 OF 62  
(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**

**A. Carl Maleri Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Crimson Way  
 City State Zip Code  
 Webster NY 14580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP VP, Underwriting and Analysis  
 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  
 04 / 08 / 2010  
**Transaction ID : SA11AI.8166**  
 Amount of Each Receipt this Period  
 40.00

**B. Carl Maleri Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Crimson Way  
 City State Zip Code  
 Webster NY 14580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP VP, Underwriting and Analysis  
 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  
 04 / 22 / 2010  
**Transaction ID : SA11AI.8167**  
 Amount of Each Receipt this Period  
 40.00

**C. Carl Maleri Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Crimson Way  
 City State Zip Code  
 Webster NY 14580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MVP VP, Underwriting and Analysis  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2010  
**Transaction ID : SA11AI.8168**  
 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 43 OF 62
	<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**

Full Name (Last, First, Middle Initial) <b>A. Carl Maleri Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 20 / 2010
Mailing Address 19 Crimson Way		<b>Transaction ID : SA11AI.8169</b>
City Webster	State NY	Zip Code 14580
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Carl Maleri Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 03 / 2010
Mailing Address 19 Crimson Way		<b>Transaction ID : SA11AI.8170</b>
City Webster	State NY	Zip Code 14580
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
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 ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. Carl Maleri Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 17 / 2010
Mailing Address 19 Crimson Way		<b>Transaction ID : SA11AI.8171</b>
City Webster	State NY	Zip Code 14580
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
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 ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> 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 62  
(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. Laurie Metheny**

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 ▼  
 280.00

Date of Receipt  
 04 / 08 / 2010  
**Transaction ID : SA11AI.8183**

Amount of Each Receipt this Period  
 40.00

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

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 ▼  
 320.00

Date of Receipt  
 04 / 22 / 2010  
**Transaction ID : SA11AI.8184**

Amount of Each Receipt this Period  
 40.00

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

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 ▼  
 360.00

Date of Receipt  
 05 / 06 / 2010  
**Transaction ID : SA11AI.8185**

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 45 OF 62  
(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. 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2010

**Transaction ID : SA11AI.8186**

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 ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2010

**Transaction ID : SA11AI.8187**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2010

**Transaction ID : SA11AI.8188**

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 46 OF 62  
(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. 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 ▼  
 350.00

Date of Receipt  
 04 / 08 / 2010  
**Transaction ID : SA11AI.8195**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 400.00

Date of Receipt  
 04 / 22 / 2010  
**Transaction ID : SA11AI.8196**

Amount of Each Receipt this Period  
 50.00

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 ▼  
 450.00

Date of Receipt  
 05 / 06 / 2010  
**Transaction ID : SA11AI.8197**

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 47 OF 62  
(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**

**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 ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2010  
**Transaction ID : SA11AI.8198**  
 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 ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2010  
**Transaction ID : SA11AI.8199**  
 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 ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2010  
**Transaction ID : SA11AI.8200**  
 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: (check only one)	PAGE 48 OF 62
	<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. 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 ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2010

**Transaction ID : SA11AI.8223**

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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2010

**Transaction ID : SA11AI.8224**

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 ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2010

**Transaction ID : SA11AI.8225**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> 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 49 OF 62  
(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**

**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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2010  
**Transaction ID : SA11AI.8226**  
 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 ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2010  
**Transaction ID : SA11AI.8227**  
 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 ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2010  
**Transaction ID : SA11AI.8228**  
 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 50 OF 62  
(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. 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 ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 03 / 2010

**Transaction ID : SA11AI.8297**

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 ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2010

**Transaction ID : SA11AI.8298**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 24 Bluestone Ridge

City State Zip Code  
 Clifton Park NY 12065

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

Name of Employer Occupation  
 MVP Health Care VP Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2010

**Transaction ID : SA11AI.8299**

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 51 OF 62  
(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. 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 ▼ **240.00**

Date of Receipt  
**04 / 23 / 2010**

**Transaction ID : SA11AI.8300**

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 ▼ **270.00**

Date of Receipt  
**05 / 07 / 2010**

**Transaction ID : SA11AI.8301**

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 ▼ **300.00**

Date of Receipt  
**05 / 21 / 2010**

**Transaction ID : SA11AI.8302**

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 52 OF 62  
(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. Thomas Ryan**

Mailing Address 24 Bluestone Ridge

City State Zip Code  
 Clifton Park NY 12065

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

Name of Employer Occupation  
 MVP Health Care VP Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2010  
**Transaction ID : SA11AI.8303**

Amount of Each Receipt this Period  
 30.00

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

Mailing Address 24 Bluestone Ridge

City State Zip Code  
 Clifton Park NY 12065

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

Name of Employer Occupation  
 MVP Health Care VP Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2010  
**Transaction ID : SA11AI.8304**

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 ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2010  
**Transaction ID : SA11AI.8305**

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 53 OF 62  
(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. 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2010  
**Transaction ID : SA11AI.8306**  
 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 ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2010  
**Transaction ID : SA11AI.8307**  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2010  
**Transaction ID : SA11AI.8308**  
 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 54 OF 62  
(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**

**A. Daniel Sauer**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 03 / 2010  
**Transaction ID : SA11AI.8309**  
 Amount of Each Receipt this Period  
 30.00

**B. Daniel Sauer**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 17 / 2010  
**Transaction ID : SA11AI.8310**  
 Amount of Each Receipt this Period  
 30.00

**c. Tracy Tadar-Ott**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2010  
**Transaction ID : SA11AI.8347**  
 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 55 OF 62  
(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. 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 22 / 2010  
**Transaction ID : SA11AI.8348**

Amount of Each Receipt this Period  
 30.00

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 ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2010  
**Transaction ID : SA11AI.8349**

Amount of Each Receipt this Period  
 30.00

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 ▼  
 310.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2010  
**Transaction ID : SA11AI.8350**

Amount of Each Receipt this Period  
 40.00

**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 56 OF 62  
(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. 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 ▼  
 350.00

Date of Receipt  
 06 / 03 / 2010  
**Transaction ID : SA11AI.8351**

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 ▼  
 390.00

Date of Receipt  
 06 / 17 / 2010  
**Transaction ID : SA11AI.8352**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 210.00

Date of Receipt  
 04 / 08 / 2010  
**Transaction ID : SA11AI.8368**

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: (check only one)	PAGE 57 OF 62
	<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. 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 ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		22		2010

**Transaction ID : SA11AI.8369**

Amount of Each Receipt this Period  
30.00

**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 ▼  
270.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		06		2010

**Transaction ID : SA11AI.8370**

Amount of Each Receipt this Period  
30.00

**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 ▼  
310.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		20		2010

**Transaction ID : SA11AI.8372**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 58 OF 62
	<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**

Full Name (Last, First, Middle Initial) <b>A. John Vangraafeiland</b>		Date of Receipt
Mailing Address 85 Pinehurst Place		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
City Middletown	State CT	Zip Code 06457
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.8373</b>
Name of Employer MVP	Occupation CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
	<input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) <b>B. John Vangraafeiland</b>		Date of Receipt
Mailing Address 85 Pinehurst Place		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
City Middletown	State CT	Zip Code 06457
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.8374</b>
Name of Employer MVP	Occupation CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="40.00"/>
	<input type="text" value="390.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Shanon Vollmer</b>		Date of Receipt
Mailing Address 30 Wilton Court		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
City Clifton Park	State NY	Zip Code 12065
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.8375</b>
Name of Employer MVP Health Care, Inc.	Occupation Associate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
	<input type="text" value="210.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="110.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 59 OF 62  
(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**

**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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2010  
**Transaction ID : SA11AI.8376**  
 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 ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2010  
**Transaction ID : SA11AI.8377**  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2010  
**Transaction ID : SA11AI.8378**  
 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 60 OF 62
	<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	<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. 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 ▼ 330.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID : SA11AI.8379**  
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 ▼ 360.00

Date of Receipt 06 / 17 / 2010  
**Transaction ID : SA11AI.8380**  
Amount of Each Receipt this Period 30.00

**C. Joe Wild**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2040 Mill Road  
City West Falls State NY Zip Code 14170  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 24 / 2010  
**Transaction ID : SA11AI.8456**  
Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11730.00

**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

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. FRANK GUINTA**

Mailing Address 221 CRESTVIEW ROAD

City MANCHESTER State NH Zip Code 03104

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Frank Guinta**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NH District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 25 / 2010

**Transaction ID : SB23.7833**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Mike McMahon MIKE MCMAHON FOR CONGRESS**

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**MIKE MCMAHON FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2010

**Transaction ID : SB23.7831**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Mailing Address 99 W FIRST ST

City CORNING State NY Zip Code 14830

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**THOMAS W REED II**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District: 29

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2010

**Transaction ID : SB23.8476**

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

6000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 62 OF 62
	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 <b>Deluxe Business Checks</b>	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"/>	<b>Transaction ID : SD10.4163</b>	
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 <b>Media Well Done</b>	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"/>	<b>Transaction ID : SD10.4165</b>	
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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="483.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text" value="483.00"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="483.00"/>