

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
MVP Health Care Inc. Federal PAC

ADDRESS (number and street) 625 State Street  
 Check if different than previously reported. (ACC)  
Schenectady NY 12305

2. **FEC IDENTIFICATION NUMBER** C00431429  
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Frank Fanshawe

Signature of Treasurer Electronically Filed by Mr. Frank Fanshawe Date 10 21 2010

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		36700.84
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	43815.34									
(c) Total Receipts (from Line 19) .....	12584.00	36211.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56399.34	72911.84								
7. Total Disbursements (from Line 31) .....	6535.00	23047.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	49864.34	49864.34								
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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) .....	8337.00	21227.00
(ii) Unitemized .....	4247.00	14984.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12584.00	36211.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	12584.00	36211.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12584.00	36211.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12584.00	36211.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	23000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	30.00	30.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	30.00	30.00
29. Other Disbursements.....	5.00	17.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6535.00	23047.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6535.00	23047.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12584.00	36211.00
34. Total Contribution Refunds (from Line 28(d)) .....	30.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12554.00	36181.00
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 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	<b>Transaction ID:</b> SA11AI.8524
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="390.00"/>	<input type="text" value="30.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	<b>Transaction ID:</b> SA11AI.8525
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="420.00"/>	<input type="text" value="30.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	<b>Transaction ID:</b> SA11AI.8526
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="30.00"/>

<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 7 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Date of Receipt 08 / 12 / 2010

Transaction ID: SA11AI.8527

Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
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 ▼ 510.00

Date of Receipt 08 / 26 / 2010

Transaction ID: SA11AI.8528

Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
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 ▼ 540.00

Date of Receipt 09 / 09 / 2010

Transaction ID: SA11AI.8529

Amount of Each Receipt this Period 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one) <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	PAGE 8 / 79
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NAME OF COMMITTEE (In Full)  
MVP Health Care Inc. Federal PAC

**A.** Full Name (Last, First, Middle Initial)  
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 MVP Service Corp Occupation VP, Sales Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

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

**Transaction ID:** SA11AI.8530

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP & chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

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

**Transaction ID:** SA11AI.8538

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP & chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

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

**Transaction ID:** SA11AI.8539

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 110.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 79  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charles Bloss</p> <p>Mailing Address 708 Stephens Place</p> <p>City State Zip Code Schenectady NY 12303</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation VP &amp; chief Actuary</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">600.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 7</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 9</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 1 0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.8540</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">40.00</span></p>	M M	/	D D	/	Y Y Y Y	0 7		2 9		2 0 1 0
M M	/	D D	/	Y Y Y Y							
0 7		2 9		2 0 1 0							

<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles Bloss</p> <p>Mailing Address 708 Stephens Place</p> <p>City State Zip Code Schenectady NY 12303</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation VP &amp; chief Actuary</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">640.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 8</td> <td></td> <td style="border: 1px solid black; padding: 2px;">1 2</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 1 0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.8541</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">40.00</span></p>	M M	/	D D	/	Y Y Y Y	0 8		1 2		2 0 1 0
M M	/	D D	/	Y Y Y Y							
0 8		1 2		2 0 1 0							

<p><b>C.</b> Full Name (Last, First, Middle Initial) Charles Bloss</p> <p>Mailing Address 708 Stephens Place</p> <p>City State Zip Code Schenectady NY 12303</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation VP &amp; chief Actuary</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">680.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 8</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 6</td> <td></td> <td style="border: 1px solid black; padding: 2px;">2 0 1 0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.8542</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">40.00</span></p>	M M	/	D D	/	Y Y Y Y	0 8		2 6		2 0 1 0
M M	/	D D	/	Y Y Y Y							
0 8		2 6		2 0 1 0							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">120.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8543
Name of Employer MVP		Occupation VP & chief Actuary	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"/>
		<input type="text"/> 680.00	<input type="text"/> 0.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
	Mailing Address 9 Wembly Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Delmar	NY	12054
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8551
Name of Employer MVP		Occupation Administrative	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"/>
		<input type="text"/> 260.00	<input type="text"/> 20.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
	Mailing Address 9 Wembly Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Delmar	NY	12054
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8552
Name of Employer MVP		Occupation Administrative	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"/>
		<input type="text"/> 280.00	<input type="text"/> 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 40.00
<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 11 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 9 Wembly Court

City Delmar State NY Zip Code 12054

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

Name of Employer MVP Occupation Administrative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 29 / 2010

Transaction ID: SA11AI.8553

Amount of Each Receipt this Period 20.00

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

Mailing Address 9 Wembly Court

City Delmar State NY Zip Code 12054

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

Name of Employer MVP Occupation Administrative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 12 / 2010

Transaction ID: SA11AI.8554

Amount of Each Receipt this Period 20.00

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

Mailing Address 9 Wembly Court

City Delmar State NY Zip Code 12054

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

Name of Employer MVP Occupation Administrative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 26 / 2010

Transaction ID: SA11AI.8555

Amount of Each Receipt this Period 20.00

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

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sue Ann Brown	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 9 Wembly Court	<b>Transaction ID:</b> SA11AI.8556
	City State Zip Code Delmar NY 12054	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Administrative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sue Ann Brown	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 9 Wembly Court	<b>Transaction ID:</b> SA11AI.8557
	City State Zip Code Delmar NY 12054	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Administrative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 380.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl Cameron	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 285 Willowcrest Drive	<b>Transaction ID:</b> SA11AI.8558
	City State Zip Code Rochester NY 14618	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 390.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	70.00
<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 13 / 79  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
MVP Health Care Inc. Federal PAC

**A.**

Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt MM / DD / YYYY 07 / 15 / 2010
Mailing Address 285 Willowcrest Drive		<b>Transaction ID:</b> SA11AI.8559
City Rochester	State NY	Zip Code 14618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

**B.**

Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt MM / DD / YYYY 07 / 29 / 2010
Mailing Address 285 Willowcrest Drive		<b>Transaction ID:</b> SA11AI.8560
City Rochester	State NY	Zip Code 14618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

**C.**

Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt MM / DD / YYYY 08 / 12 / 2010
Mailing Address 285 Willowcrest Drive		<b>Transaction ID:</b> SA11AI.8561
City Rochester	State NY	Zip Code 14618
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP Medical Director	
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) .....	▶	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: PAGE 14 / 79  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carl Cameron</p> <p>Mailing Address 285 Willowcrest Drive</p> <p>City State Zip Code Rochester NY 14618</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer MVP Occupation VP Medical Director</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 510.00</p>	<p>Date of Receipt MM / DD / YYYY 08 / 26 / 2010</p> <p><b>Transaction ID:</b> SA11AI.8562</p> <p>Amount of Each Receipt this Period 30.00</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Carl Cameron</p> <p>Mailing Address 285 Willowcrest Drive</p> <p>City State Zip Code Rochester NY 14618</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer MVP Occupation VP Medical Director</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 540.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 09 / 2010</p> <p><b>Transaction ID:</b> SA11AI.8563</p> <p>Amount of Each Receipt this Period 30.00</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Carl Cameron</p> <p>Mailing Address 285 Willowcrest Drive</p> <p>City State Zip Code Rochester NY 14618</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer MVP Occupation VP Medical Director</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 570.00</p>	<p>Date of Receipt MM / DD / YYYY 09 / 23 / 2010</p> <p><b>Transaction ID:</b> SA11AI.8564</p> <p>Amount of Each Receipt this Period 30.00</p>
--	--

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p style="text-align:right">90.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 79  
(check only one)

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

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

**A.**

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

Mailing Address 7723 Majestic Drive

City State Zip Code  
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID:** SA11AI.8602

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 7723 Majestic Drive

City State Zip Code  
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** SA11AI.8603

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 7723 Majestic Drive

City State Zip Code  
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** SA11AI.8604

Amount of Each Receipt this Period  
40.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 79  
(check only one)

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

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

**A.**

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

Mailing Address 7723 Majestic Drive

City State Zip Code  
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11AI.8605

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 7723 Majestic Drive

City State Zip Code  
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2010

Transaction ID: SA11AI.8606

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 7723 Majestic Drive

City State Zip Code  
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

Transaction ID: SA11AI.8607

Amount of Each Receipt this Period  
40.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 79  
(check only one)

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

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

**A.**

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

Mailing Address 7723 Majestic Drive

City State Zip Code  
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID:** SA11AI.8608

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 430 Ridgehill Road

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID:** SA11AI.8625

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 430 Ridgehill Road

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** SA11AI.8626

Amount of Each Receipt this Period  
40.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 79  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
MVP Health Care Inc. Federal PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt MM / DD / YYYY 07 / 29 / 2010		
	Mailing Address 430 Ridgehill Road		<b>Transaction ID:</b> SA11AI.8627		
	City Schenectady	State NY	Zip Code 12303	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MVP	Occupation Treasurer			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 430 Ridgehill Road		<b>Transaction ID:</b> SA11AI.8628		
	City Schenectady	State NY	Zip Code 12303	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MVP	Occupation Treasurer			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt MM / DD / YYYY 08 / 26 / 2010		
	Mailing Address 430 Ridgehill Road		<b>Transaction ID:</b> SA11AI.8629		
	City Schenectady	State NY	Zip Code 12303	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MVP	Occupation Treasurer			

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00
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<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 19 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frank Fanshawe  
Mailing Address 430 Ridgehill Road

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

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

**Transaction ID:** SA11AI.8630

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank Fanshawe  
Mailing Address 430 Ridgehill Road

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

**Transaction ID:** SA11AI.8631

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Fish  
Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** SA11AI.8653

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **140.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 79  
(check only one)

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

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

**A.**

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

Transaction ID: SA11AI.8654

Amount of Each Receipt this Period  
60.00

**B.**

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11AI.8655

Amount of Each Receipt this Period  
60.00

**C.**

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11AI.8656

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 08 / 26 / 2010

**Transaction ID: SA11AI.8657**

Amount of Each Receipt this Period 60.00

**B.** Full Name (Last, First, Middle Initial)  
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 Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 09 / 2010

**Transaction ID: SA11AI.8658**

Amount of Each Receipt this Period 60.00

**C.** Full Name (Last, First, Middle Initial)  
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 Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 09 / 23 / 2010

**Transaction ID: SA11AI.8659**

Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John Gajewski

Mailing Address 166 Jordan Blvd

City State Zip Code  
Delmar NY 12054

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

Transaction ID: SA11AI.8676

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
John Gajewski

Mailing Address 166 Jordan Blvd

City State Zip Code  
Delmar NY 12054

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2010

Transaction ID: SA11AI.8677

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
John Gajewski

Mailing Address 166 Jordan Blvd

City State Zip Code  
Delmar NY 12054

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

Transaction ID: SA11AI.8678

Amount of Each Receipt this Period  
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 23 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John Gajewski  
Mailing Address 166 Jordan Blvd  
City Delmar State NY Zip Code 12054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 09 / 10 / 2010  
Transaction ID: SA11AI.8679  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
John Gajewski  
Mailing Address 166 Jordan Blvd  
City Delmar State NY Zip Code 12054  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.00  
Date of Receipt 09 / 24 / 2010  
Transaction ID: SA11AI.8680  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Dominic Galante  
Mailing Address 220 Alexander Street  
City ROchester State NY Zip Code 14607  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Health Care Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 08 / 26 / 2010  
Transaction ID: SA11AI.8685  
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: (check only one)	PAGE 24 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dominic Galante	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 220 Alexander Street	<b>Transaction ID:</b> SA11AI.8686
	City State Zip Code ROchester NY 14607	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care    Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dominic Galante	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 220 Alexander Street	<b>Transaction ID:</b> SA11AI.8687
	City State Zip Code ROchester NY 14607	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care    Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joyce Gallimore	Date of Receipt MM / DD / YYYY 09 / 23 / 2010
	Mailing Address 3 Bay Crest Drive	<b>Transaction ID:</b> SA11AI.8701
	City State Zip Code South Burlington VT 05403	Amount of Each Receipt this Period 12.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP    Occupation Administrative Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	72.00
<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 25 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2010
	City	State	Zip Code
	W. Hartford	CT	06117
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8702
Name of Employer MVP		Occupation Exec VP	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"/> 45.00
		<input type="text"/> 535.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 15 / 2010
	City	State	Zip Code
	W. Hartford	CT	06117
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8703
Name of Employer MVP		Occupation Exec VP	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"/> 45.00
		<input type="text"/> 580.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 29 / 2010
	City	State	Zip Code
	W. Hartford	CT	06117
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8704
Name of Employer MVP		Occupation Exec VP	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"/> 45.00
		<input type="text"/> 625.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 135.00
<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 26 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

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

Transaction ID: SA11AI.8705

Amount of Each Receipt this Period  
45.00

**B.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

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

Transaction ID: SA11AI.8706

Amount of Each Receipt this Period  
45.00

**C.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

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

Transaction ID: SA11AI.8707

Amount of Each Receipt this Period  
45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
805.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

Transaction ID: SA11AI.8708

Amount of Each Receipt this Period  
45.00

**B.**

Full Name (Last, First, Middle Initial)  
Bill Geddings

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2010

Transaction ID: SA11AI.8716

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Bill Geddings

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

Transaction ID: SA11AI.8717

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.00**

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bill Geddings	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 75 Robinwood Drive	<b>Transaction ID:</b> SA11AI.8718
	City State Zip Code Clifton Park NY 12065	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bill Geddings	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 75 Robinwood Drive	<b>Transaction ID:</b> SA11AI.8719
	City State Zip Code Clifton Park NY 12065	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 320.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Bill Geddings	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 75 Robinwood Drive	<b>Transaction ID:</b> SA11AI.8720
	City State Zip Code Clifton Park NY 12065	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	60.00
<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 29 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Bill Geddings

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

**Transaction ID:** SA11AI.8721

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Bill Geddings

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID:** SA11AI.8722

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 860.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID:** SA11AI.8732

Amount of Each Receipt this Period  
80.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 79

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 ▼ 940.00

Date of Receipt

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

Transaction ID: SA11AI.8733

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼ 1020.00

Date of Receipt

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

Transaction ID: SA11AI.8734

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼ 1100.00

Date of Receipt

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

Transaction ID: SA11AI.8735

Amount of Each Receipt this Period

80.00

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

240.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1180.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2010

**Transaction ID:** SA11AI.8737

Amount of Each Receipt this Period  
80.00

**B.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

**Transaction ID:** SA11AI.8738

Amount of Each Receipt this Period  
80.00

**C.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1340.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID:** SA11AI.8739

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **240.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 MVP Occupation EVP & Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2010

**Transaction ID:** SA11AI.8748

Amount of Each Receipt this Period  
70.00

**B.** Full Name (Last, First, Middle Initial)  
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 MVP Occupation EVP & Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** SA11AI.8749

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
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 MVP Occupation EVP & Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** SA11AI.8750

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 210.00

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



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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Denise Gonick  
 Mailing Address 803 Via Marchella  
 City State Zip Code  
 Schenectady NY 12303  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 1 2 / 2 0 1 0  
**Transaction ID:** SA11AI.8751  
 Amount of Each Receipt this Period  
 70.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP & Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

**B.** Full Name (Last, First, Middle Initial)  
Denise Gonick  
 Mailing Address 803 Via Marchella  
 City State Zip Code  
 Schenectady NY 12303  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 8 / 2 6 / 2 0 1 0  
**Transaction ID:** SA11AI.8752  
 Amount of Each Receipt this Period  
 70.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP & Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1090.00

**C.** Full Name (Last, First, Middle Initial)  
Denise Gonick  
 Mailing Address 803 Via Marchella  
 City State Zip Code  
 Schenectady NY 12303  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 0 9 / 2 0 1 0  
**Transaction ID:** SA11AI.8753  
 Amount of Each Receipt this Period  
 70.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP & Chief Legal Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1160.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation EVP & Chief Legal Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.00

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

Transaction ID: SA11AI.8754

Amount of Each Receipt this Period  
70.00

**B.**

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

Mailing Address 144 Berry Road

City State Zip Code  
Loudon NH 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 ▼ 1040.00

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

Transaction ID: SA11AI.8769

Amount of Each Receipt this Period  
80.00

**C.**

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

Mailing Address 144 Berry Road

City State Zip Code  
Loudon NH 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 ▼ 1120.00

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

Transaction ID: SA11AI.8770

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: PAGE 35 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Christopher Henchey  
Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 07 / 29 / 2010  
Transaction ID: SA11AI.8771  
Amount of Each Receipt this Period 80.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Henchey  
Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1280.00

Date of Receipt 08 / 12 / 2010  
Transaction ID: SA11AI.8772  
Amount of Each Receipt this Period 80.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher Henchey  
Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 08 / 26 / 2010  
Transaction ID: SA11AI.8773  
Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Christopher Henchey  
Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 09 / 09 / 2010  
Transaction ID: SA11AI.8774  
Amount of Each Receipt this Period 80.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Henchey  
Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1520.00

Date of Receipt 09 / 23 / 2010  
Transaction ID: SA11AI.8775  
Amount of Each Receipt this Period 80.00

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

City Fairport State NY Zip Code 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 01 / 2010  
Transaction ID: SA11AI.8820  
Amount of Each Receipt this Period 30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 79

(check only one)

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

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

**A.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer Occupation  
MVP VP Information Technology

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt

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

Transaction ID: SA11AI.8821

Amount of Each Receipt this Period

30.00

**B.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer Occupation  
MVP VP Information Technology

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.8822

Amount of Each Receipt this Period

30.00

**C.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer Occupation  
MVP VP Information Technology

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 480.00

Date of Receipt

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

Transaction ID: SA11AI.8823

Amount of Each Receipt this Period

30.00

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

90.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 79

(check only one)

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

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

**A.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer Occupation  
MVP VP Information Technology

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 0

Transaction ID: SA11AI.8824

Amount of Each Receipt this Period

30.00

**B.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer Occupation  
MVP VP Information Technology

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 1 0

Transaction ID: SA11AI.8825

Amount of Each Receipt this Period

30.00

**C.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer Occupation  
MVP VP Information Technology

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.8826

Amount of Each Receipt this Period

30.00

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

90.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 79

(check only one)

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

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

**A.**

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

Mailing Address 213 Hansen Ave

City State Zip Code  
Albany NY 12208

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
430.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 02 / 2010

Transaction ID: SA11AI.8834

Amount of Each Receipt this Period

40.00

**B.**

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

Mailing Address 213 Hansen Ave

City State Zip Code  
Albany NY 12208

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
470.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 16 / 2010

Transaction ID: SA11AI.8835

Amount of Each Receipt this Period

40.00

**C.**

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

Mailing Address 213 Hansen Ave

City State Zip Code  
Albany NY 12208

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2010

Transaction ID: SA11AI.8836

Amount of Each Receipt this Period

40.00

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

120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 79  
(check only one)

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

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

**A.**

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 08 / 13 / 2010  
**Transaction ID: SA11AI.8837**  
 Amount of Each Receipt this Period: 40.00

**B.**

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt: 08 / 27 / 2010  
**Transaction ID: SA11AI.8838**  
 Amount of Each Receipt this Period: 40.00

**C.**

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 09 / 10 / 2010  
**Transaction ID: SA11AI.8839**  
 Amount of Each Receipt this Period: 40.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 79  
(check only one)

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

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

**A.**

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID: SA11AI.8840**  
 Amount of Each Receipt this Period: 40.00

**B.**

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 07 / 01 / 2010  
**Transaction ID: SA11AI.8886**  
 Amount of Each Receipt this Period: 30.00

**C.**

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 07 / 15 / 2010  
**Transaction ID: SA11AI.8887**  
 Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph Lia  
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 ▼ 450.00  
Date of Receipt 07 / 29 / 2010  
Transaction ID: SA11AI.8888  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Lia  
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 ▼ 480.00  
Date of Receipt 08 / 12 / 2010  
Transaction ID: SA11AI.8889  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph Lia  
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 ▼ 510.00  
Date of Receipt 08 / 26 / 2010  
Transaction ID: SA11AI.8890  
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 43 / 79  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joseph Lia</p> <p>Mailing Address 12 Sutherland Drive</p> <p>City State Zip Code Highland Mills NY 10930</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation VP of Mid-Hudson Region</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">540.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.8891</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	9		2	0	1	0												

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joseph Lia</p> <p>Mailing Address 12 Sutherland Drive</p> <p>City State Zip Code Highland Mills NY 10930</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation VP of Mid-Hudson Region</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">570.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.8892</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	3		2	0	1	0												

<p><b>C.</b> Full Name (Last, First, Middle Initial) Leonard Lindenmuth</p> <p>Mailing Address 33 Oak Street</p> <p>City State Zip Code Binghamton NY 13905</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation VP Southern</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">390.00</span></p>	<p>Date of Receipt  <table border="0"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.8894</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	1		2	0	1	0												

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">90.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 79

(check only one)

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

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

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

**A.**

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

Mailing Address 33 Oak Street

City State Zip Code  
Binghamton NY 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00

Date of Receipt

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

Transaction ID: SA11AI.8895

Amount of Each Receipt this Period

30.00

**B.**

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

Mailing Address 33 Oak Street

City State Zip Code  
Binghamton NY 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.8896

Amount of Each Receipt this Period

30.00

**C.**

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

Mailing Address 33 Oak Street

City State Zip Code  
Binghamton NY 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: SA11AI.8897

Amount of Each Receipt this Period

0.00

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

60.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 79  
(check only one)

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

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

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

**A.**

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 09 / 2010

Transaction ID: SA11AI.8898

Amount of Each Receipt this Period 0.00

**B.**

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

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 ▼ 390.00

Date of Receipt 07 / 01 / 2010

Transaction ID: SA11AI.8900

Amount of Each Receipt this Period 30.00

**C.**

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

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 ▼ 420.00

Date of Receipt 07 / 15 / 2010

Transaction ID: SA11AI.8901

Amount of Each Receipt this Period 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 300 Partridge Lane	<b>Transaction ID:</b> SA11AI.8902
	City State Zip Code Charlotte VT 05445	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 300 Partridge Lane	<b>Transaction ID:</b> SA11AI.8903
	City State Zip Code Charlotte VT 05445	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 300 Partridge Lane	<b>Transaction ID:</b> SA11AI.8904
	City State Zip Code Charlotte VT 05445	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00	

<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: PAGE 47 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 MVP Service Corp. Occupation VP Vermont

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	1	0

**Transaction ID:** SA11AI.8905

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
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 MVP Service Corp. Occupation VP Vermont

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

**Transaction ID:** SA11AI.8906

Amount of Each Receipt this Period  
30.00

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

Mailing Address 1330 Park Avenue

City State Zip Code  
Rochester NY 14610

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

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	1	/	2	0	1	0

**Transaction ID:** SA11AI.8935

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Webster	NY	14580
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8936
Name of Employer MVP		Occupation VP, Underwriting and Analysis	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"/> 40.00
		<input type="text"/> 520.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Webster	NY	14580
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8937
Name of Employer MVP		Occupation VP, Underwriting and Analysis	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"/> 40.00
		<input type="text"/> 560.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Webster	NY	14580
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.8938
Name of Employer MVP		Occupation VP, Underwriting and Analysis	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"/> 40.00
		<input type="text"/> 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 120.00
<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 49 / 79  
(check only one)

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

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

**A.**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 12 / 2010

Transaction ID: SA11AI.8939

Amount of Each Receipt this Period 40.00

**B.**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 26 / 2010

Transaction ID: SA11AI.8940

Amount of Each Receipt this Period 40.00

**C.**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 09 / 2010

Transaction ID: SA11AI.8941

Amount of Each Receipt this Period 40.00

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

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

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

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

FOR LINE NUMBER: PAGE 50 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Carl Maleri, Jr.  
Mailing Address 19 Crimson Way  
City Webster State NY Zip Code 14580  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP, Underwriting and Analysis  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 760.00  
Date of Receipt MM / DD / YYYY 09 / 23 / 2010  
Transaction ID: SA11AI.8942  
Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Augusta Martin  
Mailing Address 457 Crescent Ave  
City Saratoga State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt MM / DD / YYYY 08 / 26 / 2010  
Transaction ID: SA11AI.8947  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Augusta Martin  
Mailing Address 457 Crescent Ave  
City Saratoga State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt MM / DD / YYYY 09 / 09 / 2010  
Transaction ID: SA11AI.8948  
Amount of Each Receipt this Period 30.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Augusta Martin

Mailing Address 457 Crescent Ave

City State Zip Code  
Saratoga NY 12866

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

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

**Transaction ID:** SA11AI.8949

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼  
520.00

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

**Transaction ID:** SA11AI.8958

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼  
560.00

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

**Transaction ID:** SA11AI.8959

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

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

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

FOR LINE NUMBER: PAGE 52 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 600.00  
Date of Receipt 07 / 29 / 2010  
Transaction ID: SA11AI.8960  
Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
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 ▼ 640.00  
Date of Receipt 08 / 12 / 2010  
Transaction ID: SA11AI.8961  
Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
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 ▼ 680.00  
Date of Receipt 08 / 26 / 2010  
Transaction ID: SA11AI.8962  
Amount of Each Receipt this Period 40.00

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

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 720.00  
Date of Receipt 09 / 09 / 2010  
Transaction ID: SA11AI.8963  
Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
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 ▼ 760.00  
Date of Receipt 09 / 23 / 2010  
Transaction ID: SA11AI.8964  
Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
James Morrill  
Mailing Address 54 Henderson Road  
City Glenmont State NY Zip Code 12077  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation EVP, HR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00  
Date of Receipt 07 / 01 / 2010  
Transaction ID: SA11AI.8973  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 130.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 79  
(check only one)

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

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

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

**A.**

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

**B.**

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

**C.**

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<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 55 / 79  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation EVP, HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2010

Transaction ID: SA11AI.8978

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation EVP, HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

Transaction ID: SA11AI.8979

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation EVP, HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
950.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

Transaction ID: SA11AI.8980

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 79  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code  
Voorheesville NY 12186

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

Name of Employer MVP Occupation Director of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11AI.9006

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code  
Voorheesville NY 12186

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

Name of Employer MVP Occupation Director of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11AI.9007

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code  
Voorheesville NY 12186

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

Name of Employer MVP Occupation Director of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2010

Transaction ID: SA11AI.9008

Amount of Each Receipt this Period  
20.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 79  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code  
Voorheesville NY 12186

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

Name of Employer Occupation  
MVP Director of Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

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

Transaction ID: SA11AI.9009

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Odorizzi

Mailing Address 71 East Claremond Drive

City State Zip Code  
Voorheesville NY 12186

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

Name of Employer Occupation  
MVP Director of Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 290.00

Date of Receipt

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

Transaction ID: SA11AI.9010

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
David Orlando

Mailing Address 3 Clare Castle

City State Zip Code  
Albany NY 12205

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

Name of Employer Occupation  
MVP Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

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

Transaction ID: SA11AI.9011

Amount of Each Receipt this Period  
30.00

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

70.00

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
David Orlando

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 Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 15 / 2010

Transaction ID: SA11AI.9012

Amount of Each Receipt this Period 30.00

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

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 Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 29 / 2010

Transaction ID: SA11AI.9013

Amount of Each Receipt this Period 30.00

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

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 Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 12 / 2010

Transaction ID: SA11AI.9014

Amount of Each Receipt this Period 30.00

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

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

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David Orlando

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 Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 26 / 2010

**Transaction ID: SA11AI.9015**

Amount of Each Receipt this Period 30.00

**B.**

Full Name (Last, First, Middle Initial)  
David Orlando

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 Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 09 / 2010

**Transaction ID: SA11AI.9016**

Amount of Each Receipt this Period 30.00

**C.**

Full Name (Last, First, Middle Initial)  
David Orlando

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 Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 23 / 2010

**Transaction ID: SA11AI.9017**

Amount of Each Receipt this Period 30.00

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

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Donald Rahn  
Mailing Address 931 Northumberland Dr.  
City Niskayuna State NY Zip Code 12309  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 09 / 24 / 2010  
Transaction ID: SA11AI.9069  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Ellen Runyon  
Mailing Address 625 State Street  
City Schenectady State NY Zip Code 12047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP of E Business  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 07 / 01 / 2010  
Transaction ID: SA11AI.9098  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Ellen Runyon  
Mailing Address 625 State Street  
City Schenectady State NY Zip Code 12047  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP of E Business  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00  
Date of Receipt 07 / 15 / 2010  
Transaction ID: SA11AI.9099  
Amount of Each Receipt this Period 20.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 79  
(check only one)

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

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

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

**A.**

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

Mailing Address 625 State Street

City Schenectady State NY Zip Code 12047

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

Name of Employer MVP Occupation VP of E Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 29 / 2010  
**Transaction ID: SA11AI.9100**  
 Amount of Each Receipt this Period: 20.00

**B.**

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

Mailing Address 625 State Street

City Schenectady State NY Zip Code 12047

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

Name of Employer MVP Occupation VP of E Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 08 / 12 / 2010  
**Transaction ID: SA11AI.9101**  
 Amount of Each Receipt this Period: 20.00

**C.**

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

Mailing Address 625 State Street

City Schenectady State NY Zip Code 12047

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

Name of Employer MVP Occupation VP of E Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 26 / 2010  
**Transaction ID: SA11AI.9102**  
 Amount of Each Receipt this Period: 20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 79  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP of E Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	1	0

**Transaction ID:** SA11AI.9103

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP of E Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	1	0

**Transaction ID:** SA11AI.9104

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	0

**Transaction ID:** SA11AI.9105

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 63 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

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

**Transaction ID:** SA11AI.9106

Amount of Each Receipt this Period  
30.00

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

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

**Transaction ID:** SA11AI.9107

Amount of Each Receipt this Period  
30.00

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

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

**Transaction ID:** SA11AI.9108

Amount of Each Receipt this Period  
30.00

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

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

**Transaction ID:** SA11AI.9109

Amount of Each Receipt this Period  
30.00

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 0 / 2 0 1 0

**Transaction ID:** SA11AI.9110

Amount of Each Receipt this Period  
30.00

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

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 4 / 2 0 1 0

**Transaction ID:** SA11AI.9111

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 65 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 07 / 01 / 2010
	Mailing Address 160 Fifth Avenue	<b>Transaction ID:</b> SA11AI.9112
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 07 / 15 / 2010
	Mailing Address 160 Fifth Avenue	<b>Transaction ID:</b> SA11AI.9113
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 420.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 160 Fifth Avenue	<b>Transaction ID:</b> SA11AI.9114
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 450.00	

<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 66 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 160 Fifth Avenue	<b>Transaction ID:</b> SA11AI.9115
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 480.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 160 Fifth Avenue	<b>Transaction ID:</b> SA11AI.9116
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 510.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 09 / 09 / 2010
	Mailing Address 160 Fifth Avenue	<b>Transaction ID:</b> SA11AI.9117
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 540.00	

<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: PAGE 67 / 79

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 570.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.9118

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 430.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.9169

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 470.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.9170

Amount of Each Receipt this Period

40.00

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

110.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

Transaction ID: SA11AI.9171

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11AI.9172

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
590.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2010

Transaction ID: SA11AI.9173

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 69 / 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Sales

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

**Transaction ID: SA11AI.9175**

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation VP, Sales

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 670.00

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

**Transaction ID: SA11AI.9176**

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
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 MVP Occupation CIO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

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

**Transaction ID: SA11AI.9198**

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 70 / 79  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.**

Full Name (Last, First, Middle Initial)  
John Vangraafeiland

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt: 07 / 15 / 2010  
**Transaction ID: SA11AI.9199**  
Amount of Each Receipt this Period 40.00

**B.**

Full Name (Last, First, Middle Initial)  
John Vangraafeiland

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 07 / 29 / 2010  
**Transaction ID: SA11AI.9200**  
Amount of Each Receipt this Period 40.00

**C.**

Full Name (Last, First, Middle Initial)  
John Vangraafeiland

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 08 / 12 / 2010  
**Transaction ID: SA11AI.9201**  
Amount of Each Receipt this Period 40.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	6		2	0	1	0													
Mailing Address 85 Pinehurst Place		<b>Transaction ID:</b> SA11AI.9202																				
City Middletown	State CT	Zip Code 06457																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>40.00</td></tr></table>	40.00																			
40.00																						
Name of Employer MVP	Occupation CIO																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>590.00</td></tr></table>	590.00																				
590.00																						

**B.**

Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		0	9		2	0	1	0													
Mailing Address 85 Pinehurst Place		<b>Transaction ID:</b> SA11AI.9203																				
City Middletown	State CT	Zip Code 06457																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>40.00</td></tr></table>	40.00																			
40.00																						
Name of Employer MVP	Occupation CIO																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>630.00</td></tr></table>	630.00																				
630.00																						

**C.**

Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	3		2	0	1	0													
Mailing Address 85 Pinehurst Place		<b>Transaction ID:</b> SA11AI.9204																				
City Middletown	State CT	Zip Code 06457																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>40.00</td></tr></table>	40.00																			
40.00																						
Name of Employer MVP	Occupation CIO																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>670.00</td></tr></table>	670.00																				
670.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td>120.00</td></tr></table>	120.00
120.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.**

Full Name (Last, First, Middle Initial)  
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation Associate Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

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

**Transaction ID:** SA11AI.9206

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation Associate Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

**Transaction ID:** SA11AI.9208

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation Associate Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** SA11AI.9209

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 73 / 79  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	0

**Transaction ID:** SA11AI.9210

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	0

**Transaction ID:** SA11AI.9211

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

**Transaction ID:** SA11AI.9212

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial)  
Shanon Vollmer

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 Occupation Associate Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 23 / 2010

Transaction ID: SA11AI.9213

Amount of Each Receipt this Period 30.00

**B.**

Full Name (Last, First, Middle Initial)  
Tracey Welch

Mailing Address 134 Thornberry Lane

City Rensselaer State NY Zip Code 12144

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 08 / 13 / 2010

Transaction ID: SA11AI.9247

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Tracey Welch

Mailing Address 134 Thornberry Lane

City Rensselaer State NY Zip Code 12144

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 27 / 2010

Transaction ID: SA11AI.9248

Amount of Each Receipt this Period 20.00

**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 75 / 79  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Tracey Welch  
 Mailing Address 134 Thornberry Lane  
 City Rensselaer State NY Zip Code 12144  
 Date of Receipt 09 / 10 / 2010  
**Transaction ID:** SA11AI.9249  
 Amount of Each Receipt this Period 20.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

**B.** Full Name (Last, First, Middle Initial)  
Tracey Welch  
 Mailing Address 134 Thornberry Lane  
 City Rensselaer State NY Zip Code 12144  
 Date of Receipt 09 / 24 / 2010  
**Transaction ID:** SA11AI.9250  
 Amount of Each Receipt this Period 20.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Whitehouse  
 Mailing Address 16 Oak Hill Drive  
 City Loudon State NH Zip Code 03307  
 Date of Receipt 08 / 26 / 2010  
**Transaction ID:** SA11AI.9255  
 Amount of Each Receipt this Period 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

**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 76 / 79

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City State Zip Code  
Loudon NH 03307

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	0

Transaction ID: SA11AI.9256

Amount of Each Receipt this Period

30.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City State Zip Code  
Loudon NH 03307

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	0

Transaction ID: SA11AI.9257

Amount of Each Receipt this Period

30.00
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**SUBTOTAL** of Receipts This Page (optional) .....

60.00
-------

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

8337.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) BASS VICTORY COMMITTEE	Transaction ID: SB23.9329 Date of Disbursement
	Mailing Address PO Box 3451 PO Box 3451	<input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Concord State NH Zip Code 03302	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution	<input type="text" value="1000.00"/>
	Candidate Name CHARLES F. BASS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BASS VICTORY COMMITTEE	Transaction ID: SB23.9315 Date of Disbursement
	Mailing Address PO Box 3451 PO Box 3451	<input type="text" value="09"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Concord State NH Zip Code 03302	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution	<input type="text" value="1000.00"/>
	Candidate Name CHARLES F. BASS	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE	Transaction ID: SB23.9311 Date of Disbursement
	Mailing Address PO BOX 233	<input type="text" value="08"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City NASHUA State NH Zip Code 03061	Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution	<input type="text" value="4000.00"/>
	Candidate Name KELLY A AYOTTE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

PAGE 78 / 79

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
SCOTT MURPHY FOR CONGRESS

Transaction ID: SB23.9316

Date of Disbursement

Mailing Address 615 Glen Street

/   /

City State Zip Code  
Glens Falls NY 12801

Amount of Each Disbursement this Period

Purpose of Disbursement  
Campaign contribution

Category/  
Type

Candidate Name  
SCOTT MURPHY FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

SUBTOTAL of Disbursements This Page (optional) ..... ►

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

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.4163	
145.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	145.00	

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

Outstanding Balance Beginning This Period		Transaction ID: SD10.4165	
338.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	338.00	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	483.00
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	483.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	483.00