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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MVP Health Care Inc. Federal PAC 625 State Street ADDRESS (number and street) Check if different than previously Schenectady NY 12305 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00431429 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2010 09 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Frank Fanshawe Type or Print Name of Treasurer Electronically Filed by Mr. Frank Fanshawe 10 2 1 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period:

FEC Form 3X (Rev. 02/2003)

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Y Y Y Y 2 0 1 0

^D ^D 30

Y Y Y 2010

2 / 79

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
. (a) Cash on Hand January 1 $20^{\circ}10^{\circ}$		36700.84
(b) Cash on Hand at Begining 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
Total Disbursements (from Line 31)	6535.00	23047.50
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49864.34	49864.34
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	483.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 79

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period:

м м 0 7

From:

D D 0

Y Y W Y 2010

To:

м м 0 9 ^D 3 0

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	ontributions (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	o) Political Party Committees	0.00	0.00
(c	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12584.00	36211.00
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	Il Loans Received	0.00	0.00
	pan Repayments Received	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made	0.00	0.00
to	Federal candidates and Other olitical Committees	0.00	0.00
	ther Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(a	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b	b) Levin Funds (from Schedule H5)	0.00	0.00
(c	r) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	12584.00	36211.00
	otal Federal Receipts ubtract Line 18(c) from Line 19)	12584.00	36211.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
3. Contributions to		
Federal Candidates/Committeesand Other Political Committees	6500.00	23000.00
Independent Expenditure		
(use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
5. Loan Repayments Made	0.00	0.00
5. Loan Hopaymonia Mauc		
7. Loans Made	0.00	0.00
B. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	30.00	30.00
That I ditiod committees		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	30.00	30.00
(add Lines 28(a), (b), and (c))	00.00	
Other Disbursements	5.00	17.50
). Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
Г	2.22	2.02
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	3.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6535.00	23047.50
_		
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		23047.50

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	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

FE6AN026

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 79 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi			Date of Receipt
Mailing Address 6 Doris Drive	01-11-	7. 0.1	07 01 2010
City <u>Scotia</u>	State NY	Zip Code 12302	Transaction ID: SA11AI.8524 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12002	30.00
Name of Employer MVP Service Corp	Occupation VP, Sale		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi			Date of Receipt
Mailing Address 6 Doris Drive			07 15 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8525
Scotia	NY	12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP Service Corp	Occupation VP, Sale	s Ops	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi	l		Date of Receipt
Mailing Address 6 Doris Drive			07 29 2010
City	State	Zip Code	Transaction ID: SA11AI.8526
<u>Scotia</u>	NY	12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP Service Corp	Occupation VP, Sale	s Ops	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	\		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		08 / 12 / 2010
	City Scotia	State Zip Code NY 12302	Transaction ID: SA11AI.8527 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
_	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi	I	Date of Receipt
	Mailing Address 6 Doris Drive		08 26 YYYY 2010
	City	State Zip Code	Transaction ID: SA11AI.8528
	Scotia	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	510.00	
	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		09 09 2010
	City	State Zip Code	Transaction ID: SA11AI.8529
	Scotia FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
	NUDTOTAL of Descript This Description		90.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
Mailing Address 6 Doris Drive		09 / 23 / 2010
City	State Zip Code NY 12302	Transaction ID: SA11AI.8530
Scotia FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period 30.00
Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
Mailing Address 708 Stephens Place		07 01 2010
City	State Zip Code	Transaction ID: SA11AI.8538
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP & chief Actuary	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Charles Bloss	l	Date of Receipt
Mailing Address 708 Stephens Place		07
City	State Zip Code	Transaction ID: SA11AI.8539
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer MVP	Occupation VP & chief Actuary	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (optional	,	110.00

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 12303 C Occupation VP & chief Actuary Aggregate Year-to-Date ▼	Date of Receipt 0 7 2 9 2 0 1 0 Transaction ID: SA11AI.8540 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 12303 C Occupation VP & chief Actuary Aggregate Year-to-Date 640.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State Zip Code NY 12303 C Occupation VP & chief Actuary Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 8 / 2 6 / 2 0 1 0 Transaction ID: SA11AI.8542 Amount of Each Receipt this Period 40.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of	680.00	120.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)		
Charles Bloss Mailing Address 708 Stephens Place		Date of Receipt
City	State Zip Code	0 9 0 9 2 0 1 0 Transaction ID: SA11AI.8543
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer MVP	Occupation VP & chief Actuary	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		07 01 YYYY 2010
City	State Zip Code	Transaction ID: SA11AI.8551
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Administrative	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		07 15 YYYYY 2010
City	State Zip Code	Transaction ID: SA11AI.8552
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Administrative	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	280.00	
CURTOTAL of Possints This Page (antional)		40.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.8553 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date 320.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date 340.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAG	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City	State Zip Code	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Delmar FEC ID number of contributing federal political committee. Name of Employer MVP	NY 12054 C Occupation Administrative	Amount of Each Receipt this Period 20.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest D City	rive State Zip Code	Date of Receipt M M M
Rochester FEC ID number of contributing federal political committee.	NY 14618	Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP Medical Director Aggregate Year-to-Date ▼ 390.00	
	al)	70.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive	Ohata 7in Oada	07 15 2010
	City Rochester	State Zip Code NY 14618	Transaction ID: SA11AI.8559 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 14010	30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.00	
	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		07 29 2010
	City	State Zip Code	Transaction ID: SA11AI.8560
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
	Full Name (Last, First, Middle Initial) Carl Cameron	<u> </u>	Date of Receipt
	Mailing Address 285 Willowcrest Drive		08 12 2010
	City	State Zip Code	Transaction ID: SA11AI.8561
	Rochester FEC ID number of contributing federal political committee.	NY 14618	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Γ,	SUBTOTAL of Receipts This Page (optional)		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 79 (check only one) X 11a
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any pename and address of any political committed	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		08 / 26 / Y Y Y Y
	City Rochester	State Zip Code NY 14618	Transaction ID: SA11AI.8562
	FEC ID number of contributing federal political committee.	C 14616	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
. —	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive)	09 09 7 2010
	City	State Zip Code	Transaction ID: SA11AI.8563
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	•
	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive)	09 23 2010
	City	State Zip Code	Transaction ID: SA11AI.8564
	Rochester FEC ID number of contributing federal political committee.	NY 14618	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
			90.00

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive City	State Zip Code	0 7 0 1 2 0 1 0 Transaction ID: SA11AI.8602
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	
Full Name (Last, First, Middle Initial) Patricia Deferio	1	Date of Receipt
Mailing Address 7723 Majestic Drive		07 15 2010
City	State Zip Code	Transaction ID: SA11AI.8603
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		07 29 2010
City	State Zip Code	Transaction ID: SA11AI.8604
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
SUBTOTAL of Receipts This Page (optional))	120.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Repor or for commercial purposes, other than to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Inc.	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic [Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Liverpool	State Zip Code NY 13090	Transaction ID: SA11AI.8605 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Regional Network Director Aggregate Year-to-Date 550.00	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic I	Drive	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11Al.8606
<u>Liverpool</u>	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	
Full Name (Last, First, Middle Initial) Patricia Derio	'	Date of Receipt
Mailing Address 7723 Majestic [Orive	$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State Zip Code	Transaction ID: SA11AI.8607
Liverpool FEC ID number of contributing federal political committee.	NY 13090	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
SUBTOTAL of Receipts This Page (op	tional)	120.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from suc or for commercial purposes, oth NAME OF COMMITTEE (In MVP Health Care Inc. Fo	er than using the name and a	nay not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Patricia Deferio			Date of Receipt
	ijestic Drive		09 23 7 2010
City Liverpool	State NY	Zip Code 13090	Transaction ID: SA11AI.8608
FEC ID number of contributing federal political committee.		13090	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupa	tion al Network Director	
Receipt For: Primary Gene Other (specify) ▼	Aggrega	ate Year-to-Date ▼ 670.00	
Full Name (Last, First, Middle Mr. Frank Fanshawe Mailing Address 430 Ridd	e Initial) gehill Road		Date of Receipt
			07 01 2010
City	State	Zip Code	Transaction ID: SA11AI.8625
Schenectady FEC ID number of contributing federal political committee.	ng C	12303	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupa Treasu		
Receipt For: Primary Gene Other (specify) ▼		ate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Mr. Frank Fanshawe	e Initial)		Date of Receipt
Mailing Address 430 Rido	gehill Road		0 7 1 5 2 0 1 0
City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.8626 Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	ng C		40.00
Name of Employer MVP	Occupa Treasu		
Receipt For: Primary Gene Other (specify) ▼		ate Year-to-Date ▼ 460.00	
SUBTOTAL of Receipts This F	I		120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 79 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any ne name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt
City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.8627 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Receipt For: Primary General	Occupation Treasurer Aggregate Year-to-Date ▼	
Other (specify) Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe	500.00	Date of Receipt
Mailing Address 430 Ridgehill Road		0 8 1 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.8628
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation Treasurer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
Mailing Address 430 Ridgehill Road		08 26 2010
City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.8629 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Treasurer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	
SUBTOTAL of Receipts This Page (optional)		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
	Mailing Address 430 Ridgehill Road		09 09 2010
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.8630
	FEC ID number of contributing federal political committee.	C 12303	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation Treasurer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 620.00	
. –	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
	Mailing Address 430 Ridgehill Road		09 23 7 2010
	City	State Zip Code	Transaction ID: SA11AI.8631
	Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation Treasurer	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 660.00	
_	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place	9	07 01 2010
	City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.8653 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	140.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 79 (check only one) X 11a
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place City	State Zip Code	0 7 1 5 2 0 1 0 Transaction ID: SA11AI.8654
	Slingerlands	NY 12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 660.00	
 3.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		07 29 2010
	City	State Zip Code	Transaction ID: SA11AI.8655
	Slingerlands	NY 12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
- :.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		08 12 2010
	City	State Zip Code	Transaction ID: SA11AI.8656
	Slingerlands FEC ID number of contributing federal political committee.	NY 12159	Amount of Each Receipt this Period 60.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
	SUBTOTAL of Receipts This Page (optional)		180.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedul for each category of the Detailed Summary Pa	ne (crieck drilly drie)
1	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not be sold or used by a name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
. ∠ . .	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		08 26 2010
	City <u>Slingerlands</u>	State Zip Code NY 12159	Transaction ID: SA11AI.8657
	FEC ID number of contributing federal political committee.	C 12139	Amount of Each Receipt this Period 60.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 840.	.00
- 3.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		09 09 2010
	City	State Zip Code	Transaction ID: SA11AI.8658
	Slingerlands	NY 12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	60.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.	00
. –	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		09 / 23 / 2010
	City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.8659 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.	00
	SUBTOTAL of Receipts This Page (optional)		180.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd City Delmar FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NY 12054 C Occupation Aggregate Year-to-Date 210.00	Date of Receipt 7 7 3 0 7 2 0 1 0 Transaction ID: SA11AI.8676 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd City Delmar FEC ID number of contributing federal political committee. Name of Employer Receipt For:	State Zip Code NY 12054 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd City Delmar FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 12054 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y O 8 2 7 2 0 1 0 Transaction ID: SA11AI.8678 Amount of Each Receipt this Period 20.00
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	60.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any personne name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd City Delmar FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify)	State Zip Code NY 12054 C Occupation Aggregate Year-to-Date 270.00	Date of Receipt M M J D D J 2010 Transaction ID: SA11AI.8679 Amount of Each Receipt this Period 20.00
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd City Delmar FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NY 12054 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City ROchester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	0 0 0 0 0 0 0 0	Date of Receipt M M Z D D Z D Z D J Z D D Z D Z D D Z D Z D
SUBTOTAL of Receipts This Page (optional)	>	70.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Stree City ROchester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General	State Zip Code NY 14607 C Occupation Aggregate Year-to-Date	Date of Receipt M M
Other (specify) Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Stree City ROchester	State Zip Code NY 14607	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date 270.00	30.00
Full Name (Last, First, Middle Initial) Joyce Gallimore Mailing Address 3 Bay Crest Drive City South Burlington FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State Zip Code VT 05403 C Occupation Administrative Aggregate Year-to-Date ▼	Date of Receipt M M / D D D / Y Y Y Y Y O 9 2 3 2 0 1 0 Transaction ID: SA11AI.8701 Amount of Each Receipt this Period 12.00
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional	210.00	72.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 79 (check only one) X 11a
C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane	State 7in Code	07 01 2010
	City W. Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.8702 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 535.00	
 3.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		07 15 2010
	City	State Zip Code	Transaction ID: SA11AI.8703
	W. Hartford	CT 06117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	
- :.	Full Name (Last, First, Middle Initial) Al Gatti	1	Date of Receipt
	Mailing Address 8 Wendy Lane		07 29 2010
	City W. Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.8704 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
	CURTOTAL of Descirts This Dags (actional)		135.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	r for commercial purposes, other than using the	Statements may not be sold or used by any pers te name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۱.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		08 12 2010
	City W. Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.8705 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	
_	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane	0 8 2 6 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.8706
	W. Hartford FEC ID number of contributing federal political committee.	CT 06117	Amount of Each Receipt this Period 45.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	715.00	
_	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		09 09 2010
	City W. Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.8707
	FEC ID number of contributing federal political committee.	CT 06117	Amount of Each Receipt this Period 45.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
	CURTOTAL of Possints This Page (antional)		135.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane		Date of Receipt 0 9 2 3 2 0 1 0
City W. Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.8708 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		45.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Exec VP Aggregate Year-to-Date 805.00	
Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive		Date of Receipt 0 7 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.8716
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP Health Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive		Date of Receipt
City	State Zip Code	0 7 1 5 2 0 1 0 Transaction ID: SA11AI.8717
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP Health Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
OUDTOTAL (D T		85.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 79 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
Mailing Address 75 Robinwood Drive		07 29 2010
City	State Zip Code	Transaction ID: SA11AI.8718
Clifton Park FEC ID number of contributing	NY 12065	Amount of Each Receipt this Period 20.00
federal political committee.		25.50
Name of Employer MVP	Occupation VP Health Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Bill Geddings	1	Date of Receipt
Mailing Address 75 Robinwood Drive		0 8 1 2 Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8719
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP Health Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
Mailing Address 75 Robinwood Drive		08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8720
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP Health Services	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	340.00	
		60.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 12065 C Occupation VP Health Services Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive City Clifton Park	State Zip Code NY 12065	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP Health Services Aggregate Year-to-Date 380.00	20.00
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing	State Zip Code NY 14610	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation VP, Medicare Products Aggregate Year-to-Date 860.00	
SUBTOTAL of Receipts This Page (optional)	•	120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sch for each category Detailed Summary	of the
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not be sold or used name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road City	State Zip Code	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Rochester	NY 14610	Transaction ID: SA11AI.8733 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	40.00
- 3.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.8734
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	20.00
. –	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		0 8 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.8735
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	00.00
	SUBTOTAL of Receipts This Page (optional)		240.00

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) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	statements may not be sold or used by any per name and address of any political committed	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 14610 C Occupation VP, Medicare Products	Date of Receipt M M C 26 2010 Transaction ID: SA11AI.8737 Amount of Each Receipt this Period 80.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8738
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	
Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road		09 23 2010
City	State Zip Code	Transaction ID: SA11AI.8739
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1340.00	
		240.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date 810.00	Date of Receipt M M M O T O 1 2 0 1 0 Transaction ID: SA11AI.8748 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date 880.00	Date of Receipt M M / D D / Y Y Y Y Y O 7 15 2010 Transaction ID: SA11AI.8749 Amount of Each Receipt this Period 70.00
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer Aggregate Year-to-Date ▼ 950.00	Date of Receipt M M / D D / Y Y Y Y Y O 7 29 2010 Transaction ID: SA11AI.8750 Amount of Each Receipt this Period 70.00
SUBTOTAL of Receipts This Page (optional)	•	210.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address GOO Via Marchalle			Date of Receipt
Mailing Address 803 Via Marchella City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.8751 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	70.00
Name of Employer MVP Receipt For: Primary General		n hief Legal Officer e Year-to-Date ▼ 1020.00	1
Other (specify) ▼ Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella			Date of Receipt
City Schenectady FEC ID number of contributing	State NY	Zip Code 12303	Transaction ID: SA11AI.8752 Amount of Each Receipt this Period
federal political committee. Name of Employer MVP	Occupation EVP & C	n hief Legal Officer	70.00
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1090.00	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella			Date of Receipt
	Ctata	7in Code	09 09 2010
City <u>Schenectady</u>	State NY	Zip Code 12303	Transaction ID: SA11AI.8753 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		70.00
Name of Employer MVP		hief Legal Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1160.00	
SUBTOTAL of Receipts This Page (optional)		210.00

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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8754
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	70.00
Name of Employer MVP	Occupation EVP & Chief Legal Officer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1230.00	
Full Name (Last, First, Middle Initial) Christopher Henchey	<u> </u>	Date of Receipt
Mailing Address 144 Berry Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8769
<u>Loudon</u>	NH 03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation Vice President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1040.00	
Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8770
Loudon	NH 03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00	
SUBTOTAL of Receipts This Page (optional)	······	230.00

TOTAL This Period (last page this line number only)

	DULE A (FEC Form 3X) ZED RECEIPTS	for e	separate schedule(s) ach category of the iled Summary Page	FOR LINE NUMBER: PAGE 35 / 79 (check only one) X
Any inforr or for con	nation copied from such Reports and Sinmercial purposes, other than using the	tatements may not be name and address of	sold or used by any perso any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	OF COMMITTEE (In Full) Health Care Inc. Federal PAC			
	ame (Last, First, Middle Initial) opher Henchey			Date of Receipt
	g Address 144 Berry Road			07 29 2010
City Loud	on		Code 307	Transaction ID: SA11AI.8771 Amount of Each Receipt this Period
FEC II	D number of contributing I political committee.	C		80.00
Name MVP	of Employer	Occupation Vice President		
	ot For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 1200.00	
_ Christo	ame (Last, First, Middle Initial) pher Henchey			Date of Receipt
Mailing	Mailing Address 144 Berry Road			0 8 1 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City			Code	Transaction ID: SA11AI.8772
Loud		NH 03	307	Amount of Each Receipt this Period
	D number of contributing I political committee.	С		80.00
Name MVP	of Employer	Occupation Vice President		
	ot For: Primary General Other (specify) ♥	Aggregate Year-to	-Date ▼ 1280.00	
	ame (Last, First, Middle Initial)			Date of Receipt
Mailing	g Address 144 Berry Road			0 8 2 6 2 0 1 0
City			Code	Transaction ID: SA11AI.8773
	On number of contributing I political committee.	NH 03	307	Amount of Each Receipt this Period 80.00
Name MVP	of Employer	Occupation Vice President		
	ot For: Primary General Other (specify) ♥	Aggregate Year-to	-Date ▼ 1360.00	
	FAL of Receipts This Page (optional)			240.00

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date 1440.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date 1520.00	Date of Receipt M M Z 3 Z 0 1 0 Transaction ID: SA11AI.8775 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date 390.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		190.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements mand add	not be sold or used by any persong dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:		Zip Code 14450 n mation Technology e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.8821 Amount of Each Receipt this Period 30.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive	33 13 13	420.00	Date of Receipt
City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	_, '	Zip Code 14450 n mation Technology e Year-to-Date 450.00	Transaction ID: SA11AI.8822 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)		Zip Code 14450 n mation Technology e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11Al.8823 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)			90.00

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) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may ne name and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee.	State NY	Zip Code 14450	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP Inform	nation Technology Year-to-Date 510.00	
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	_ ' '	Zip Code 14450 nation Technology Year-to-Date 540.00	Date of Receipt M M M O D D O D 2 0 1 0 Transaction ID: SA11AI.8825 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)		Zip Code 14450 n nation Technology Year-to-Date 570.00	Date of Receipt M M M / D D / Y Y Y Y Y O 9 23 2010 Transaction ID: SA11AI.8826 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)			90.00

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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General	State Zip Code NY 12208 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M
Other (specify) Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave	430.00	Date of Receipt 0 7 1 6 2 0 1 0
City Albany FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 12208 C Occupation	Transaction ID: SA11AI.8835 Amount of Each Receipt this Period 40.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albany FEC ID number of contributing federal political committee.	State Zip Code NY 12208	Transaction ID: SA11AI.8836 Amount of Each Receipt this Period 40.00
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 510.00	
SUBTOTAL of Receipts This Page (optional) .		120.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may name and add	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \ .	Full Name (Last, First, Middle Initial) Dawn Jablonski			Date of Receipt
	Mailing Address 213 Hansen Ave City	State	Zip Code	0 8 1 3 2 0 1 0 Transaction ID: SA11Al.8837
	Albany	NY	12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
- 3.	Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave			Date of Receipt
				08 27 2010
	City	State	Zip Code	Transaction ID: SA11AI.8838
	Albany FEC ID number of contributing federal political committee.	C	12208	Amount of Each Receipt this Period 40.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 590.00	
-	Full Name (Last, First, Middle Initial) Dawn Jablonski			Date of Receipt
-	Mailing Address 213 Hansen Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.8839
	Albany	NY	12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 630.00	
	SUBTOTAL of Receipts This Page (optional)	1		120.00
Ī	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) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave		Date of Receipt
City Albany	State Zip Code NY 12208	Transaction ID: SA11AI.8840 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer Receipt For:	Occupation	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive		Date of Receipt 0 7 0 1 7 9 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1
City	State Zip Code	Transaction ID: SA11AI.8886
Highland Mills	NY 10930	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP of Mid-Hudson Region	
Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Joseph Lia	1	Date of Receipt
Mailing Address 12 Sutherland Drive		07 / 15 / Y Y Y Y Y
City <u>Highland Mills</u>	State Zip Code NY 10930	Transaction ID: SA11AI.8887 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP of Mid-Hudson Region	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.00	
		100.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 79 (check only one) X 11a
or for	information copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC	tatements may name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
F. J. M. J. M. C. H. F. fee	ull Name (Last, First, Middle Initial) oseph Lia lailing Address 12 Sutherland Drive lity lighland Mills EC ID number of contributing ederal political committee. ame of Employer	State NY C Occupation	Zip Code 10930	Date of Receipt M M M / D D / Y Y Y Y Y 0 7 2 9 2 0 1 0 Transaction ID: SA11AI.8888 Amount of Each Receipt this Period 30.00
	eceipt For: Primary General Other (specify)		Year-to-Date ▼ 450.00	
3. <u>Jo</u> M	ull Name (Last, First, Middle Initial) oseph Lia lailing Address 12 Sutherland Drive ity	State	Zip Code	Date of Receipt M
<u>H</u> F	Fighland Mills EC ID number of contributing ederal political committee.	NY	10930	Amount of Each Receipt this Period 30.00
_	eceipt For: Primary General Other (specify)	. '	n d-Hudson Region Year-to-Date ▼ 480.00	
). <u>J</u>	ull Name (Last, First, Middle Initial) oseph Lia lailing Address 12 Sutherland Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Ŀ	ity lighland Mills EC ID number of contributing	State NY	Zip Code 10930	Transaction ID: SA11AI.8890 Amount of Each Receipt this Period 30.00
fe	ame of Employer	Occupation VP of Mic	n d-Hudson Region	30.00
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	
SUE	BTOTAL of Receipts This Page (optional))	90.00

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)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		, , ,	
Full Name (Last, First, Middle Initial) Joseph Lia			Date of Receipt
Mailing Address 12 Sutherland Drive			0 9 0 9 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.8891
Highland Mills FEC ID number of contributing federal political committee.	C	10930	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupatio VP of Mi	n d-Hudson Region	
Receipt For: Primary General Other (specify)	 	e Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Joseph Lia			Date of Receipt
Mailing Address 12 Sutherland Drive			0 9 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Highland Mills	State NY	Zip Code	Transaction ID: SA11AI.8892
FEC ID number of contributing federal political committee.	C	10930	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupatio VP of Mi	n d-Hudson Region	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) Leonard Lindenmuth			Date of Receipt
Mailing Address 33 Oak Street			07 01 2010
City Binghamton	State NY	Zip Code	Transaction ID: SA11AI.8894
FEC ID number of contributing federal political committee.	C	13905	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupatio VP Soutl		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 390.00	
SUBTOTAL of Receipts This Page (optional	\		90.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each car	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 44 / 79 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or ne name and address of any po	used by any perso litical committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street			Date of Receipt
City Binghamton	State Zip Code NY 13905		0 7 1 5 2 0 1 0 Transaction ID: SA11AI.8895 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP Receipt For: Primary General	Occupation VP Southern Aggregate Year-to-Date	1 1 1 1	
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street		420.00	Date of Receipt
City Binghamton	State Zip Code NY 13905		Transaction ID: SA11AI.8896 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP	Occupation		30.00
Receipt For: Primary General Other (specify) ▼	VP Southern Aggregate Year-to-Date	450.00	
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street			Date of Receipt
City	State Zip Code		0 8 1 2 2 0 1 0 Transaction ID: SA11Al.8897
Binghamton FEC ID number of contributing federal political committee.	NY 13905	1 1	Amount of Each Receipt this Period 0.00
Name of Employer MVP	Occupation VP Southern		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	▼ 450.00	
SUBTOTAL of Receipts This Page (optional)	1		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 79 (check only one) X
or f	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City Binghamton FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 13905 C Occupation VP Southern	Date of Receipt M M M O 9 O 9 2 0 1 0 Transaction ID: SA11AI.8898 Amount of Each Receipt this Period 0.00
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
3.	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane City	State Zip Code	Date of Receipt 0 7 0 1 Transaction ID: SA11AI.8900
	Charlotte FEC ID number of contributing federal political committee. Name of Employer	VT 05445 C Occupation	Amount of Each Receipt this Period 30.00
	MVP Servicė Córp. Receipt For: Primary General Other (specify) ▼	VP Vermont Aggregate Year-to-Date ▼ 390.00	
) .	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane		Date of Receipt 0 7 1 5 2 0 1 0
	City Charlotte FEC ID number of contributing	State Zip Code VT 05445	Transaction ID: SA11AI.8901 Amount of Each Receipt this Period 30.00
	federal political committee. Name of Employer MVP Service Corp.	Occupation VP Vermont	30.00
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
SI	UBTOTAL of Receipts This Page (optional)		60.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 79 (check only one) X 11a
or for commercial NAME OF	on copied from such Reports and Stacial purposes, other than using the COMMITTEE (In Full) alth Care Inc. Federal PAC	tatements may name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name William V. L Mailing Add City Charlotte FEC ID nui	(Last, First, Middle Initial) Little dress 300 Partridge Lane mber of contributing tical committee. mployer ce Corp.	State VT C Occupation VP Verm Aggregate		Date of Receipt M M M / 29 / 2010 Transaction ID: SA11AI.8902 Amount of Each Receipt this Period 30.00
Othe	r (specify) ▼ (Last, First, Middle Initial) ittle	0 0	450.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	mber of contributing tical committee.	State VT C Occupation VP Verm		Transaction ID: SA11AI.8903 Amount of Each Receipt this Period 30.00
Full Name	ary General r (specify) ▼ (Last, First, Middle Initial)	Aggregate	Year-to-Date ▼ 480.00	
	dress 300 Partridge Lane	State VT	Zip Code 05445	Date of Receipt M M
Name of E MVP Servi Receipt Fo Prima Othe	r:	Occupation VP Verm Aggregate]
SUBTOTAL	of Receipts This Page (optional)			90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
	Mailing Address 300 Partridge Lane		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.8905
	Charlotte	VT 05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermont	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	540.00	
_	Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
	Mailing Address 300 Partridge Lane		09 23 7 2010
	City	State Zip Code	Transaction ID: SA11AI.8906
	Charlotte	VT 05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermont	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	570.00	
	Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon		Date of Receipt
	Mailing Address 1330 Park Avenue		07 01 2010
	City	State Zip Code	Transaction ID: SA11AI.8935
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer MVP Service Corp.	Occupation VP of Network Operations	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	500.00	
Γ			560.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any persite name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 14580 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y O 1 2 0 1 0 Transaction ID: SA11AI.8936 Amount of Each Receipt this Period 40.00
Receipt For: Primary General Other (specify) ▼	VP, Underwriting and Analysis Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt 0 7
City	State Zip Code	Transaction ID: SA11AI.8937
Webster FEC ID number of contributing federal political committee.	NY 14580	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.8938 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)	1	120.00

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	I Statements may not be sold or used by any pers he name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee.	State Zip Code NY 14580	Date of Receipt M M
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP, Underwriting and Analysis Aggregate Year-to-Date 640.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt 0 8 2 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.8940
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		09 09 2010
City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.8941
FEC ID number of contributing federal political committee.	C 14300	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
SUBTOTAL of Receipts This Page (optional)	•	120.00

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) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14580 C Occupation VP, Underwriting and Analysis Aggregate Year-to-Date 760.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.8942 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NY 12866 C Occupation Aggregate Year-to-Date ▼ 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave City Saratoga FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NY 12866 C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.8948 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	100.00

or for con NAME MVP Full N Augus Mailin City Sara FEC I federa Mailin City Roch FEC I federa Name MVP	mmercial purposes, other than using the EOF COMMITTEE (In Full) P Health Care Inc. Federal PAC Itame (Last, First, Middle Initial) Sta Martin Or Address 457 Crescent Ave	Statements may not be sold or used by any perse name and address of any political committee of state. Zip Code. NY 12866 C Occupation Aggregate Year-to-Date 270.00	Date of Receipt Date of Receipt Transaction ID: SA11AI.8949 Amount of Each Receipt this Period
Full N Laurie Mailin City Sara FEC I federa Mailin City Roch FEC I federa Name Recei	P Health Care Inc. Federal PAC Ilame (Last, First, Middle Initial) Ista Martin Ing Address 457 Crescent Ave Intoga ID number of contributing all political committee. In of Employer Integration of Employer In For: Primary General Other (specify) Ilame (Last, First, Middle Initial)	NY 12866 C Occupation Aggregate Year-to-Date ▼	Transaction ID: SA11AI.8949 Amount of Each Receipt this Period
Recei Augus Mailin City Sara FEC I federa Name Recei Mailin City Roch FEC I federa Name MVP	sta Martin ng Address 457 Crescent Ave attoga ID number of contributing al political committee. e of Employer ipt For: Primary General Other (specify) Iame (Last, First, Middle Initial)	NY 12866 C Occupation Aggregate Year-to-Date ▼	Transaction ID: SA11AI.8949 Amount of Each Receipt this Period
Full N Laurie Mailin City Roch FEC I federa	Itoga ID number of contributing all political committee. e of Employer ipt For: Primary General Other (specify) Itame (Last, First, Middle Initial)	NY 12866 C Occupation Aggregate Year-to-Date ▼	Transaction ID: SA11AI.8949 Amount of Each Receipt this Period
FEC I federa Recei Full N Laurie Mailin City Roch FEC I federa Name MVP Recei	ID number of contributing al political committee. e of Employer ipt For: Primary General Other (specify) lame (Last, First, Middle Initial)	NY 12866 C Occupation Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
FEC I federa Name Recei Full N Laurie Mailin City Roch FEC I federa Name MVP Recei	ID number of contributing al political committee. e of Employer ipt For: Primary General Other (specify) lame (Last, First, Middle Initial)	C Occupation Aggregate Year-to-Date ▼	
Full N Laurie Mailin City Roch FEC I federa Name MVP Recei	al political committee. e of Employer ipt For: Primary General Other (specify) lame (Last, First, Middle Initial)	Occupation Aggregate Year-to-Date ▼	30.00
Full N Laurie Mailin City Roch FEC I federa Name MVP Recei	ipt For: Primary General Other (specify) ▼ Iame (Last, First, Middle Initial)	Aggregate Year-to-Date ▼	
Full N Laurie Mailin City Roch FEC I federa Name MVP Recei	Primary General Other (specify) ▼ Iame (Last, First, Middle Initial)		
Laurie Mailin City Roch FEC I federa Name MVP Recei		<u> </u>	-
City Roch FEC I federa Name MVP Recei	2 IVICTION Y		Date of Receipt
Roch FEC I federa Name MVP Recei	ng Address 21 Joellen Drive		0 7 0 1 2 0 1 0
FEC I federa Name MVP		State Zip Code	Transaction ID: SA11AI.8958
Name MVP Recei	nester	NY 14626	Amount of Each Receipt this Period
Recei	ID number of contributing al political committee.	C	40.00
	e of Employer	Occupation VP, Business Excellence	
	ipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
	lame (Last, First, Middle Initial)	. L	Date of Receipt
Mailin	ng Address 21 Joellen Drive		0 7 1 5 2 0 1 0
City		State Zip Code	Transaction ID: SA11AI.8959
Roch	nester	NY 14626	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C	40.00
Name MVP	e of Employer	Occupation VP, Business Excellence	
Recei	ipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	560.00	
SURTO			110.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
/ WIVE Health Care Inc. Federal FAC		
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		07 29 2010
City	State Zip Code	Transaction ID: SA11AI.8960
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: Primary General	Aggregate Year-to-Date ▼	7
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8961
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	640.00	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		08 26 2010
City	State Zip Code	Transaction ID: SA11AI.8962
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For:	Aggregate Year-to-Date ▼	_ [
Primary General Other (specify) ▼	680.00	
SUBTOTAL of Receipts This Page (optional)	1	120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 79 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	nd Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive City	State Zip Code	0 9 0 9 2 0 1 0 Transaction ID: SA11AI.8963
Rochester FEC ID number of contributing federal political committee.	NY 14626	Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For:	Occupation VP, Business Excellence Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	720.00	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
City	State Zip Code	0 9 2 3 2 0 1 0 Transaction ID: SA11AI.8964
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		07 01 7 2010
City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.8973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation EVP, HR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional	1)	130.00

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		,,,	
Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
Mailing Address 54 Henderson Road	I		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Glenmont	State NY	Zip Code	Transaction ID: SA11AI.8974
FEC ID number of contributing federal political committee.	C	12077	Amount of Each Receipt this Period 50.00
Name of Employer MVP	Occupatio EVP, HR		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
Mailing Address 54 Henderson Road	I		0 7 2 9 2 0 1 0
City Glenmont	State NY	Zip Code	Transaction ID: SA11AI.8975
FEC ID number of contributing federal political committee.	C	12077	Amount of Each Receipt this Period 50.00
Name of Employer MVP	Occupatio EVP, HR		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
Mailing Address 54 Henderson Road	I		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Clanment	State NY	Zip Code	Transaction ID: SA11AI.8976
Glenmont FEC ID number of contributing federal political committee.	C	12077	Amount of Each Receipt this Period 50.00
Name of Employer MVP	Occupatio EVP, HR		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 800.00	
			150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road	7.0	08 26 2010
	City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.8978
	FEC ID number of contributing federal political committee.	C 120//	Amount of Each Receipt this Period 50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 850.00	
_	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		09 / 09 / 2010
	City	State Zip Code	Transaction ID: SA11AI.8979
	Glenmont	NY 12077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	900.00	
	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		09 23 2010
	City	State Zip Code	Transaction ID: SA11AI.8980
	Glenmont FEC ID number of contributing	NY 12077	Amount of Each Receipt this Period
	federal political committee.	C	50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 950.00	
\[\ \	SUBTOTAL of Receipts This Page (optional)	l	150.00

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) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond	Drive	07 29 7 2010
City	State Zip Code	Transaction ID: SA11AI.9006
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Director of Finance	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond	Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9007
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Director of Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond	Drive	08 26 Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9008
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Director of Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	60.00
ODDIVIAL OF TROCEIPES THIS Fage (OPTIONAL	per only)	

Voorheesville	NUMBER: PAGE 57 / 79 one) 11b 11c 12 14 15 16 17
MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City State Zip Code NY 12186 FEC ID number of contributing federal political committee. Name of Employer MVP City Receipt For: Primary General Other (specify) ▼ City State Zip Code NY 12186 Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City State Zip Code NY 12186 FEC ID number of contributing federal political committee. Name of Employer MVP City State Zip Code NY 12186 Feccipt For: Primary General Other (specify) ▼ Coccupation Director of Finance Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City State Zip Code NY 12205 Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando NY 12205 Full Name (Last, First, Middle Initial) David Orlando	ose of soliciting contributions utions from such committee.
A. Richard Odorizzi Mailing Address 71 East Claremond Drive City Voorheesville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ FUII Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City State Zip Code NY 12186 Primary City State Zip Code NY 12186 Amount FEC ID number of contributing federal political committee. Name of Employer MVP Occupation Director of Finance Receipt For: Primary General Other (specify) ▼ City State Zip Code NY 12186 Amount FEC ID number of contributing federal political committee. Name of Employer MVP Occupation Director of Finance Receipt For: Primary General Other (specify) ▼ State Zip Code Aggregate Year-to-Date ▼ Transact Amount Date of I M 9 O 9 Transact Amount C C City State Zip Code NY 12205 Amount Date of I M 7 Transact Amount C C City State Zip Code Albany FEC ID number of contributing federal political committee. NY 12205 Amount Receipt For: Primary General Occupation Corp VP of Operations Receipt For: Primary General Aggregate Year-to-Date ▼ Primary Receipt For: Primary General Aggregate Year-to-Date ▼	
City	Receipt
Voorheesville	09 2010
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Drive City State Zip Code NY 12186 FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) State Zip Code NY 12186 Amount FEC ID number of contributing federal political committee. Paggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City State Zip Code NY 12205 Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City State Zip Code NY 12205 FEC ID number of contributing federal political committee. City State Zip Code NY 12205 FEC ID number of contributing federal political committee. Name of Employer Occupation Corp VP of Operations Receipt For: Primary General Occupation Corp VP of Operations Aggregate Year-to-Date ▼ Primary General	tion ID: SA11AI.9009
Name of Employer Name of Employer Director of Finance	of Each Receipt this Period 20.00
Receipt For:	
Primary General Other (specify) ▼	
Transact State Zip Code Transact Voorheesville NY 12186	
Amount State Zip Code Transact	
City State Zip Code NY 12186 Amount FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary Other (specify) ▼ City Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. City State Zip Code NY 12205 Transact Amount Date of I M M M 0 7 Transact Amount City State Zip Code NY 12205 Transact Amount City City State Zip Code NY 12205 Transact Amount Corp VP of Operations Receipt For: Primary General Occupation Corp VP of Operations Aggregate Year-to-Date ▼ Primary General	Receipt
Voorheesville	23 4 2010
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City State Zip Code Transact Albany NY 12205 FEC ID number of contributing federal political committee. Name of Employer MVP Occupation C City State Zip Code Transact Amount C C Receipt For: Name of Employer Occupation Corp VP of Operations Receipt For: Primary General Aggregate Year-to-Date ▼	tion ID: SA11AI.9010
Name of Employer Occupation Director of Finance	of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ City State Zip Code Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Date of Finance Aggregate Year-to-Date ▼ 290.00 Date of I Transact Amount C Occupation Corp VP of Operations Aggregate Year-to-Date ▼	20.00
Primary General Other (specify) ▼ Pull 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. Name of Employer MVP Corp VP of Operations Receipt For: Primary General Primary General Aggregate Year-to-Date ▼	
Other (specify) 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. Name of Employer MVP Corp VP of Operations Receipt For: Primary General Aggregate Year-to-Date 200.00	
David Orlando Mailing Address 3 Clare Castle City State Zip Code Transact Albany FEC ID number of contributing federal political committee. Name of Employer MVP Corp VP of Operations Receipt For: Primary General Aggregate Year-to-Date	
City State Zip Code Transact Albany NY 12205 FEC ID number of contributing federal political committee. Name of Employer Occupation Corp VP of Operations Receipt For: Aggregate Year-to-Date ▼	Receipt
Albany PEC ID number of contributing federal political committee. Name of Employer MVP Occupation Corp VP of Operations Receipt For: Primary General Amount Aggregate Year-to-Date	0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Occupation Corp VP of Operations Receipt For: Aggregate Year-to-Date Primary General	tion ID: SA11A1.9011
Federal political committee. Name of Employer MVP Occupation Corp VP of Operations Receipt For: Primary General Aggregate Year-to-Date 300.00	of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date 200.00	30.00
Primary General	
200.00	
SUBTOTAL of Receipts This Page (optional)	70.00

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) X 11a 11b 11c 12
or for commercial purposes, other than using	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt
		07 15 2010
City <u>Albany</u>	State Zip Code NY 12205	Transaction ID: SA11AI.9012 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation Corp VP of Operations	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		07
City	State Zip Code	Transaction ID: SA11AI.9013
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation Corp VP of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		0 8 1 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9014
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation Corp VP of Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
)	90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Albany FEC ID number of contributing federal political committee.	NY 12205	Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Corp VP of Operations Aggregate Year-to-Date 510.00	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt 0 9 0 9 2 0 1 0
City Albany	State Zip Code NY 12205	Transaction ID: SA11AI.9016 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Corp VP of Operations Aggregate Year-to-Date 540.00	30.00
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt 0 9 2 3 2 0 1 0
City Albany FEC ID number of contributing federal political committee.	State Zip Code NY 12205	Transaction ID: SA11AI.9017 Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation Corp VP of Operations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
SUBTOTAL of Receipts This Page (optional	l)	90.00

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) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donald Rahn Mailing Address 931 Northumberland	Dr.	Date of Receipt 0 9 2 4 2 0 1 0
City <u>Niskayuna</u>	State Zip Code NY 12309	Transaction ID: SA11AI.9069 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer Receipt For: Primary General	Occupation Aggregate Year-to-Date ▼	
Other (specify)	210.00	
Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street		Date of Receipt 0 7 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9098
Schenectady FEC ID number of contributing federal political committee.	NY 12047	Amount of Each Receipt this Period 20.00
Name of Employer MVP	Occupation VP of E Business	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
Mailing Address 625 State Street		0 7 1 5 Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12047	Transaction ID: SA11AI.9099 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP of E Business	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)	-	60.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 79 (check only one) X 11a 11b 11c 12
or for commercial purposes, other than usin	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAGE	C	
Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
Mailing Address 625 State Street City	State Zip Code	07 29 2010
<u>Schenectady</u>	NY 12047	Transaction ID: SA11AI.9100 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP of E Business	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
Mailing Address 625 State Street		0 8 1 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9101
Schenectady FEC ID number of contributing federal political committee.	NY 12047	Amount of Each Receipt this Period 20.00
Name of Employer MVP	Occupation VP of E Business	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
Mailing Address 625 State Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12047	Transaction ID: SA11AI.9102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP of E Business	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
	1	60.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial NAME OF CC	opied from such Reports and Sta purposes, other than using the r MMITTEE (In Full) Care Inc. Federal PAC	atements may name and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (La: Ellen Runyon Mailing Addres City Schenectad	est, First, Middle Initial) es 625 State Street Ver of contributing I committee.	State NY C Occupation VP of E E Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary Other (s	General pecify) ▼ st, First, Middle Initial)	r iggi ogalo	360.00	
B. Ellen Runyon Mailing Addres City Schenectad	ss 625 State Street	State NY	Zip Code 12047	Date of Receipt M M
Name of Empl MVP Receipt For:	oyer General	Occupation VP of E E Aggregate		20.00
	est, First, Middle Initial) ss 24 Bluestone Ridge		8 8 8 8 8 8	Date of Receipt 0 7 0 2 2 0 1 0
City Clifton Park FEC ID number federal politica	er of contributing I committee.	State NY	Zip Code 12065	Transaction ID: SA11AI.9105 Amount of Each Receipt this Period 30.00
Receipt For: Primary Other (s	oyer General pecify) ▼	Occupation Aggregate	Year-to-Date ▼ 390.00	
SUBTOTAL of F	Receipts This Page (optional)			70.00

	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) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		07 16 2010
	City <u>C</u> lifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9106 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 12003	30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
В.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
			07 30 2010
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9107 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
с.	Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt
•	Mailing Address 24 Bluestone Ridge		08 13 2010
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9108
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)		90.00
İ	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions e 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		Date of Receipt
	Mailing Address 24 Bluestone Ridge		08 / 27 / 2010
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9109 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
– В.	Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		09 10 2010
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9110
	FEC ID number of contributing federal political committee.	C 12003	Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
_ C.	Full Name (Last, First, Middle Initial) Thomas Ryan	L	Date of Receipt
.	Mailing Address 24 Bluestone Ridge		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9111
	FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
	SUBTOTAL of Receipts This Page (optional)	1	90.00
T	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 65 / 79 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State NY C Occupation VP Sales Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.9112 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee.	State NY	Zip Code 12866	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel Sauer	Occupation VP Sales Aggregate		Date of Receipt
Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupatio VP Sales Aggregate		Transaction ID: SA11AI.9114 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional) .			90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt
	Too Fifth Avenue		08 12 2010
	City	State Zip Code	Transaction ID: SA11AI.9115
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		08 / 26 / 2010
	City	State Zip Code	Transaction ID: SA11AI.9116
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	510.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		09 / 09 / 2010
	City	State Zip Code	Transaction ID: SA11AI.9117
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	540.00	
			90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 79 (check only one) X 11a
or f	y information copied from such Reports and sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
١.	Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt
		7.0.1	09 23 2010
	City Saratoga Springs	State Zip Code NY 12866	Transaction ID: SA11AI.9118 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive		Date of Receipt
	walling Address 33 Everett Drive		07 01 2010
	City Rochester	State Zip Code NY 14624	Transaction ID: SA11AI.9169
	FEC ID number of contributing federal political committee.	C 14024	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
	Mailing Address 33 Everett Drive		07 15 2010
	City	State Zip Code	Transaction ID: SA11AI.9170
	Rochester FEC ID number of contributing federal political committee.	NY 14624	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	
SI	JBTOTAL of Receipts This Page (optional) .		110.00

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)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
Mailing Address 33 Everett Drive			07 29 2010
City	State	Zip Code	Transaction ID: SA11AI.9171
Rochester	NY	14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP	Occupatio VP, Sale		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
Mailing Address 33 Everett Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9172
Rochester	NY	14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP	Occupatio VP, Sale		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	550.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
Mailing Address 33 Everett Drive			0 8 2 6 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.9173
Rochester	NY	14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP	Occupatio VP, Sale		
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	590.00	

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any info	rmation copied from such Reports and S mmercial purposes, other than using the	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \	E OF COMMITTEE (In Full) P Health Care Inc. Federal PAC			
A. Tracy	Name (Last, First, Middle Initial) r Tadaro-Ott			Date of Receipt
	ng Address 33 Everett Drive			09 / 09 / 2010
City	haatar	State NY	Zip Code	Transaction ID: SA11AI.9175
FEC	hester ID number of contributing al political committee.	C	14624	Amount of Each Receipt this Period 40.00
Name MVP	e of Employer	Occupation VP, Sale		
Rece	ipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 630.00	
Tracy	Name (Last, First, Middle Initial)			Date of Receipt
Mailir ——	ng Address 33 Everett Drive			09 / 23 / 4 2010
City		State	Zip Code	Transaction ID: SA11AI.9176
	hester	NY	14624	Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		40.00
Name MVP	e of Employer	Occupation VP, Sale		
Rece	ipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		670.00	
	Name (Last, First, Middle Initial) Vangraafeiland			Date of Receipt
Mailir	ng Address 85 Pinehurst Place			07 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	JI - 4	State	Zip Code	Transaction ID: SA11AI.9198
FEC	dletown ID number of contributing al political committee.	CT	06457	Amount of Each Receipt this Period 40.00
Name MVP	e of Employer	Occupation	n	
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 430.00	
SUBTO	TAL of Receipts This Page (optional)			120.00
TOTAL	. This Period (last page this line number	only)		

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	rts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst P City Middletown		Date of Receipt M M M
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation CIO Aggregate Year-to-Date ▼ 470.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst P	lace	Date of Receipt 0 7 2 9 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9200
Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General	Occupation CIO Aggregate Year-to-Date ▼ 510.00	
Other (specify) ▼ Full Name (Last, First, Middle Initial) John Vangraafeiland	310.00	Date of Receipt
Mailing Address 85 Pinehurst P	lace	08 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9201
Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation CIO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (or		120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the (FOR LINE NUMBER: PAGE 71 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
,	Any information copied from such Reports and Sur for commercial purposes, other than using the	tatements may not be sold or use name and address of any politic	ed by any person al committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
Д А.	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			08 / 26 / 2010
	City Middletown	State Zip Code CT 06457		Transaction ID: SA11AI.9202
	FEC ID number of contributing federal political committee.	C 00457		Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation CIO		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	590.00	
— В.	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			09 09 2010
	City	State Zip Code		Transaction ID: SA11AI.9203
	Middletown	CT 06457		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation CIO		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	630.00	
_ C.	Full Name (Last, First, Middle Initial) John Vangraafeiland	L		Date of Receipt
	Mailing Address 85 Pinehurst Place			09 23 2010
	City <u>Middletown</u>	State Zip Code CT 06457		Transaction ID: SA11AI.9204
	FEC ID number of contributing federal political committee.	CT 06457		Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation CIO		-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	670.00	
	SUBTOTAL of Receipts This Page (optional) .			120.00
	TOTAL This Period (last page this line number	only)	<u> </u>	

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) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perse name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date	Date of Receipt 0 7 0 1 2 0 1 0 Transaction ID: SA11AI.9206 Amount of Each Receipt this Period 30.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shanon Vollmer	390.00	Date of Receipt
Mailing Address 30 Wilton Court City Clifton Park	State Zip Code NY 12065	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MVP	Occupation Associate Counsel	30.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt 0 7 2 9 2 0 1 0
City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9209 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP	Occupation	30.00
Receipt For: Primary General Other (specify)	Associate Counsel Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional) .		90.00

any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) MVP Health Care Inc. Federal PAC Full Name (Last First Middle Initial) Shanon Vollimer Mailing Address 30 Witton Court City City State NY 12065 FEC ID number of contributing federal political committee. C State	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) X
Shanon Vollmer Mailing Address 30 Wilton Court City State Zip Code Clifton Park NY 12065 FEC ID number of contributing federal political committee. Name of Employer Mollmer Mailing Address 30 Wilton Court City State Zip Code Other (specify) ▼ 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. City State Zip Code Clifton Park NY 12065 FEC ID number of contributing federal political committee. Name of Employer Mollmer Mailing Address 30 Wilton Court City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Mollmer Mailing Address 30 Wilton Court City State Zip Code Cocupation NVP Shanon Vollmer Receipt For: Primary General Other (specify) ▼ State Zip Code NY 12065 Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City State Zip Code Clifton Park NY 12065 Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City State Zip Code Clifton Park NY 12065 Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City State Zip Code NY 12065 Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City State Zip Code NY 12065 Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City State Zip Code NY 12065 Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court Aggregate Year-to-Date ▼ Transaction ID: SA11Al.9212 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ City Ny 12065 Aggregate Year-to-Date ▼ or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions	
FEC ID number of contributing tederal political committee. Name of Employer MyP Receipt For: C	Mailing Address 30 Wilton Court City		•	M M M D D D D D D D D D D D D D D D D D
Associate Counsel Aggregate Year-to-Date ▼	FEC ID number of contributing		1200	
Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer Mailing Address 30 Wilton Court City Clifton Park Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park Ny 12065 Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Associate Counsel Receipt For: PC ID number of contributing federal political committee. Name of Employer MVP Associate Counsel Associate Counsel Associate Counsel Associate Counsel Associate Counsel Associate Counsel Associate State Sip Code Transaction ID: SA11Al.9212 Amount of Each Receipt this Period 30.00	Receipt For: Primary General	Associat	e Counsel e Year-to-Date ▼	
City Clifton Park FEC ID number of contributing federal political committee. Name of Employer Move Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City State Zip Code NY 12065 FC ID number of contributing federal political committee. City State Zip Code NY 12065 FC ID number of contributing federal political committee. Name of Employer Mailing Address 30 Wilton Court City State Zip Code NY 12065 FC ID number of contributing federal political committee. Name of Employer Associate Counsel Receipt For: Aggregate Year-to-Date ▼	Shanon Vollmer			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MVP	•		Zip Code	
Receipt For:	FEC ID number of contributing		12065	
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date Tansaction ID: SA11AI.9212 Amount of Each Receipt this Period 30.00	Name of Employer MVP			
Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park NY 12065 FEC ID number of contributing federal political committee. Name of Employer MVP Coccupation Associate Counsel Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date Date of Receipt NM M / D D / Q 2 0 1 0 Transaction ID: SA11AI.9212 Amount of Each Receipt this Period 30.00	Primary General	Aggregate	1 1 1 1 1 1 1	
City Clifton Park NY 12065 FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary Other (specify) ▼ State Zip Code NY 12065 Transaction ID: SA11AI.9212 Amount of Each Receipt this Period 30.00 Associate Counsel Aggregate Year-to-Date 540.00	Shanon Vollmer			Date of Receipt
Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Occupation Associate Counsel Receipt For: Primary Other (specify) ▼ Amount of Each Receipt this Period 30.00	Mailing Address 30 Wilton Court			
FEC ID number of contributing federal political committee. Name of Employer MVP Occupation Associate Counsel Receipt For: Primary Other (specify) Occupation Associate Vear-to-Date 540.00	-		•	
Receipt For: Primary General Other (specify)	FEC ID number of contributing		12065	
Primary General Other (specify) ▼ 540.00	Name of Employer MVP	1 '		
	Primary General	Aggregate	1 1 1 1 1 1 1	
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional	l)		90.00

SCHEDULE A (FEC		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from s or for commercial purposes, o NAME OF COMMITTEE (MVP Health Care Inc.	ther than using the name and a In Full)	nay not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mid Shanon Vollmer		Zip Code 12065	Date of Receipt 0 9 2 3 2 0 1 0 Transaction ID: SA11AI.9213 Amount of Each Receipt this Period
FEC ID number of contributed rederal political committee. Name of Employer MVP Receipt For: Primary Ge Other (specify) ▼	Occupar Associa	tion ate Counsel ate Year-to-Date ▼	30.00
City Rensselaer FEC ID number of contributederal political committee. Name of Employer Receipt For:	State NY C Occupation	Zip Code 12144 tion ate Year-to-Date ▼ 220.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 1 3 2 0 1 0 Transaction ID: SA11AI.9247 Amount of Each Receipt this Period 20.00
City Rensselaer FEC ID number of contributederal political committee. Name of Employer Receipt For:	State NY C Occupation	Zip Code 12144 tion ate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This	Page (optional)		70.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 79 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Tracey Welch		Date of Receipt
	Mailing Address 134 Thornberry Lane		09 10 2010
	City Rensselaer	State Zip Code NY 12144	Transaction ID: SA11AI.9249
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 260.00	
- В.	Full Name (Last, First, Middle Initial) Tracey Welch		Date of Receipt
	Mailing Address 134 Thornberry Lane		09 24 2010
	City	State Zip Code	Transaction ID: SA11AI.9250
	Rensselaer FEC ID number of contributing federal political committee.	NY 12144	Amount of Each Receipt this Period 20.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
_ С.	Full Name (Last, First, Middle Initial) Peter Whitehouse	<u> </u>	Date of Receipt
	Mailing Address 16 Oak Hill Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.9255
	Loudon NH 03307 FEC ID number of contributing federal political committee. Name of Employer Occupation		Amount of Each Receipt this Period 30.00
	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)	

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PAGE 76 / 79 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Date of Receipt Peter Whitehouse Mailing Address 16 Oak Hill Drive 09 09 2010 City State Zip Code Transaction ID: SA11AI.9256 Loudon NH 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General Primary 240.00 Other (specify) Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 0 9 23 2010 City Transaction ID: SA11AI.9257 State Zip Code Loudon NH 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date Primary General

270.00

SUBTOTAL of Receipts This Page (optional)	•	60.00
TOTAL This Period (last page this line number only)	•	8337.00

Other (specify)

	HEDULE E	3 (FEC Form	3X) Use s	eparate schedule(s	• •	E NUMBER: PAGE 77 / 79
ITE	MIZED DIS	SBURSEMEN	TS for ea	ch category of the ed Summary Page	(Crieck of	nly one) 22 X 23 24 25 2 28a 28b 28c 29 3
						n for the purpose of soliciting contributions solicit contributions from such committee
1 \	NAME OF COMM MVP Health Ca	AITTEE (In Full) are Inc. Federal PA	AC.			
		First, Middle Initial)				Transaction ID: SB23.9329 Date of Disbursement
N	Mailing Address	PO Box 3451 PO Box 3451				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
(City Concord		State NH	Zip Code 03302		Amount of Each Disbursement this Period
C	Purpose of Disbu Campaign contrib				011	1000.00
(Candidate Name CHARLES F. E		Disbursement Fo		Category/ Type	_
	Office Sought: State: NH	X House Senate President District: 02	X Primary			
F	-ull Name (Last,	First, Middle Initial)				Transaction ID: SB23.9315 Date of Disbursement
N	Mailing Address	PO Box 3451 PO Box 3451				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Concord		State NH	Zip Code 03302		Amount of Each Disbursement this Period
(Purpose of Disbu Campaign contrib				011	1000.00
	Candidate Name CHARLES F. E				Category/ Type	
	Office Sought: State: NH	X House Senate President District: 02	Disbursement Fo X Primary Other (:			
	, ,	First, Middle Initial) KELLY AYOTTE	1			Transaction ID: SB23.9311 Date of Disbursement
N	Mailing Address	PO BOX 233				$\begin{bmatrix} M & M \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & 2 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City NASHUA		State NH	Zip Code 03061		Amount of Each Disbursement this Period
	Purpose of Disbu Campaign contrib				011	4000.00
(Category/ Type	
((k	Candidate Name KELLY A AYO	TTE			Турс	
(- - -		House X Senate President District: 00	Disbursement Fo X Primary Other (s		Турс	

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS Any Information copied from such Reports and State	ose separate schedule(s) (check on Detailed Summary Page 21b 27 ments may not be sold or used by any person	22 X 23 24 25 26 28a 28b 28c 29 30b for the purpose of soliciting contributions
or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	ne and address of any political committee to so	olicit contributions from such committee
Full Name (Last, First, Middle Initial) SCOTT MURPHY FOR CONGRESS Mailing Address 615 Glen Street		Transaction ID: SB23.9316 Date of Disbursement O 9
City Glens Falls Purpose of Disbursement Campaign contribution Candidate Name SCOTT MURPHY FOR CONGRESS	State Zip Code NY 12801 011 Category/ Type	Amount of Each Disbursement this Period 500.00
Office Sought: X House Senate President State: NY District: 20	sement For: 2010 Primary X General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	6500.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s)

PAGE 79 / 79 FOR LINE NUMBER:

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	المع	. di	2	10	ane	

Excluding Loans	ATIONS			or each pered line)	(check only one)	9 X 10
NAME OF COMMITTEE MVP Health Care Inc.						
A. Full Name (Last, F	First, Middle Initial) of Debtor hecks	or Creditor		Nature of De	ebt (Purpose):	
Mailing Address P.(D. Box 742572					
City Cincinnati	State OH	ZIP Code 45274				
Outstanding Baland	e Beginning This Period		-	Trai	nsaction ID: SD10).4163
	145.00					
Amount Inco	urred This Period	Payment This Period		Outstandir	ng Balance at Close	of This Period
	0.00	0.00	0			145.00
B. Full Name (Last, F Media Well Done	First, Middle Initial) of Debtor	or Creditor		Nature of Do	ebt (Purpose):	
Mailing Address 96	Jay Street					
City Schenectady	State NY	ZIP Code 12305				
Outstanding Balance	e Beginning This Period			Trai	nsaction ID: SD10	0.4165
	338.00					
Amount Inco	urred This Period	Payment This Period		Outstandir	ng Balance at Close	of This Period
	0.00	0.00	0			338.00
1) SUBTOTALS This F	Period This Page (optional)				48	3.00
2) TOTALS This Period	(last page this line number o	nly)			48	3.00
3) TOTAL OUTSTANDI	NG LOANS from Schedul	e C (last page only)	>			0.00
4) ADD 2) and 3) and 6	carry forward to appropriate li	ne of Summary Page (last page on	ly)		48	3.00