

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2010 through 03 31 2010

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

Signature of Treasurer Electronically Filed by Mr. Frank Fanshawe Date 04 14 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		36700.84
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	36700.84									
(c) Total Receipts (from Line 19)	8215.00	8215.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44915.84	44915.84								
7. Total Disbursements (from Line 31)	10505.00	10505.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34410.84	34410.84								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	483.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1160.00	1160.00
(ii) Unitemized	7055.00	7055.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8215.00	8215.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8215.00	8215.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8215.00	8215.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8215.00	8215.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	10500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	5.00	5.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10505.00	10505.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10505.00	10505.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	8215.00	8215.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8215.00	8215.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2010
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7336
Name of Employer MVP		Occupation VP & chief Actuary	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 240.00	

B.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2010
	City	State	Zip Code
	Slingerlands	NY	12159
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7402
Name of Employer MVP		Occupation EVP Network Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 240.00	

C.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 25 / 2010
	City	State	Zip Code
	W. Hartford	CT	06117
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7424
Name of Employer MVP		Occupation Exec VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 40.00
		<input type="text"/> 240.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Patrick Glavey</p> <p>Mailing Address 165 Windemere Road</p> <p>City State Zip Code Rochester NY 14610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MVP Occupation VP, Medicare Products</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 02 / 25 / 2010</p> <p>Transaction ID: SA11AI.7447</p> <p>Amount of Each Receipt this Period 60.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Patrick Glavey</p> <p>Mailing Address 165 Windemere Road</p> <p>City State Zip Code Rochester NY 14610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MVP Occupation VP, Medicare Products</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 03 / 11 / 2010</p> <p>Transaction ID: SA11AI.7448</p> <p>Amount of Each Receipt this Period 60.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Patrick Glavey</p> <p>Mailing Address 165 Windemere Road</p> <p>City State Zip Code Rochester NY 14610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer MVP Occupation VP, Medicare Products</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>	<p>Date of Receipt 03 / 25 / 2010</p> <p>Transaction ID: SA11AI.7449</p> <p>Amount of Each Receipt this Period 60.00</p>
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SUBTOTAL of Receipts This Page (optional)	180.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 15
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2010

Transaction ID: SA11AI.7459

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: SA11AI.7460

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2010

Transaction ID: SA11AI.7461

Amount of Each Receipt this Period
60.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

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

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

A.

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

Mailing Address 144 Berry Road

City State Zip Code
Loudon NH 03307

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

Name of Employer Occupation
MVP Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: SA11AI.7471

Amount of Each Receipt this Period

80.00

B.

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

Mailing Address 144 Berry Road

City State Zip Code
Loudon NH 03307

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

Name of Employer Occupation
MVP Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

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

Transaction ID: SA11AI.7472

Amount of Each Receipt this Period

80.00

C.

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

Mailing Address 144 Berry Road

City State Zip Code
Loudon NH 03307

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

Name of Employer Occupation
MVP Vice President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.7474

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Christopher Henchey
Mailing Address 144 Berry Road
City Loudon State NH Zip Code 03307
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00
Date of Receipt 03 / 25 / 2010
Transaction ID: SA11AI.7475
Amount of Each Receipt this Period 80.00

B. Full Name (Last, First, Middle Initial)
David Henderson
Mailing Address 1 Loudon Heights
City Loudonville State NY Zip Code 12211
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation EVP, Sales and Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 02 / 25 / 2010
Transaction ID: SA11AI.7479
Amount of Each Receipt this Period 60.00

C. Full Name (Last, First, Middle Initial)
David Henderson
Mailing Address 1 Loudon Heights
City Loudonville State NY Zip Code 12211
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation EVP, Sales and Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 03 / 11 / 2010
Transaction ID: SA11AI.7480
Amount of Each Receipt this Period 60.00

SUBTOTAL of Receipts This Page (optional) ► 200.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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Detailed Summary Page

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

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

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 03 / 25 / 2010
Transaction ID: SA11AI.7481
 Amount of Each Receipt this Period: 60.00

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 25 / 2010
Transaction ID: SA11AI.7581
 Amount of Each Receipt this Period: 40.00

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 25 / 2010
Transaction ID: SA11AI.7593
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

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

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

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

A.

Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
City	State	Zip Code
Glenmont	NY	12077
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.7604
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer MVP	Occupation EVP, HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

B.

Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
City	State	Zip Code
Glenmont	NY	12077
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.7605
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer MVP	Occupation EVP, HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1160.00"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 / 15

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

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

A.	Full Name (Last, First, Middle Initial) AMERICAS HEALTH INSURANCE PLANS PAC (AHIP PAC)	Transaction ID: SB23.7813 Date of Disbursement
	Mailing Address 601 Pennsylvania Avenue NW Suite 500 South Building	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name MVP Health Care Inc. Federal PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AYOTTE, KELLY A	Transaction ID: SB23.7798 Date of Disbursement
	Mailing Address 4 TUCKERWOOD CT	<input type="text" value="02"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City NASHUA State NH Zip Code 03064	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name MVP Health Care Inc. Federal PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MIKE MCMAHON FOR CONGRESS	Transaction ID: SB23.7805 Date of Disbursement
	Mailing Address 66 Arnold Street	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City Staten Island State NY Zip Code 10301	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="500.00"/>
	Candidate Name MVP Health Care Inc. Federal PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 / 15

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

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

A. Full Name (Last, First, Middle Initial) ORRINPAC Mailing Address 175 S. WEST TEMPLE, SUITE 650 City SALT LAKE CITY State UT Zip Code 84101 Purpose of Disbursement Political Contribution Candidate Name MVP Health Care Inc. Federal PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7807 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2010
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE Mailing Address POST OFFICE BOX 5928 City WINSTON-SALEM State NC Zip Code 27113 Purpose of Disbursement Political Contribution Candidate Name MVP Health Care Inc. Federal PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.7811 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2010
	Amount of Each Disbursement this Period 3000.00

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

10500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="145.00"/>		Transaction ID: SD10.4163	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="145.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="338.00"/>		Transaction ID: SD10.4165	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="338.00"/>	

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