01/28/2011 16:40

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### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

NAME OF     COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT   Example: If typing, type over the lines
MVP Health Care Inc. Feder	al PAC
ADDRESS (number and street)	625 State Street
Check if different than previously reported. (ACC)	Schenectady NY 12305
2. FEC IDENTIFICATION NUM	MBER ♥ CITY ★ STATE ★ ZIPCODE ★
C00431429	3. IS THIS REPORT X NEW (N) OR (A)
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report(C) July 15 Quarterly Report(C)  October 15 Quarterly Report(C)  X January 31 Quarterly Report(Non-election Year Only) (MY)  Termination Report(TER)	(c) 12-Day PRE-Election Report for the: Convention (12C) Special (12G) Runoff (12R)  (d) 30-Day Post -Election General (30G) Runoff (30R) Special (30S)  Report for the: General (30G) Runoff (30R) Special (30S)
5. Covering Period 1	1 23 2010 through 12 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
	onically Filed by Mr. Frank Fanshawe Date 01 28 2011
	neous, 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 2 / 54

<sup>D</sup> 31

2010

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

FEC Form 3X (Rev. 02/2003)

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
i. (a) Cash on Hand January 1 201	0	36764.84
(b) Cash on Hand at Begining of Reporting Perio	d 40542.34	
(c) Total Receipts (from Line 1	9) 4955.00	47780.00
(d) Subtotal (add lines 6(b) and	I	
6(c) for Column A and Line 6(a) and 6(c) for Column B	s 	84544.84
. Total Disbursements (from Line	31) 12.00	39059.50
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45485.34	45485.34
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	483.00	

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

For further information contact:

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

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 54

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period:

From:

<sup>D</sup> 23

Y Y W Y 2 0 1 0

To:

м м 1 2 <sup>D</sup> 31

Y Y Y Y 2 0 1 0

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Con (a)	ntributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	3920.00	30185.00
	(ii) Unitemized	1035.00	17595.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	4955.00	47780.00
(b)	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4955.00	47780.00
	nsfers From Affiliated/Other ty Committees	0.00	0.00
3. All L	_oans Received	0.00	0.00
	n Repayments Receivedsets To Operating Expenditures	0.00	0.00
(Ca	funds, Rebates, etc.) rry Totals to Line 37, page 5) unds of Contributions Made	0.00	0.00
	ederal candidates and Other tical Committees	0.00	0.00
	er Federal Receipts vidends, Interest, etc.)	0.00	0.00
8. Trai	nsfers from Non-Federal and Levin Funds		
(a) I	Non-Federal Account (from Schedule H3)	0.00	0.00
(b) I	Levin Funds (from Schedule H5)	0.00	0.00
(c) T	Fotal Transfer (add 18(a) and 18(b)).	0.00	0.00
	al Receipts (add Lines 11(d), 13, 14, 15, 16, 17, and 18(c))	4955.00	47780.00
	al Federal Receipts otract Line 18(c) from Line 19)	4955.00	47780.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 54

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		Į.
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures	0.00	0.00
2.	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	Committees	0.00	0.00
٥.	Federal Candidates/Committees and Other Political Committees	0.00	39000.00
1.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
3.	Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	12.00	42.00
		0.00	0.00
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	12.00	42.00
	(add Lines 28(a), (b), and (c))		
9.	Other Disbursements	0.00	17.50
).	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12.00	39059.50
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	10.00	20050 50
	from Line 31)	12.00	39059.50

### **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)	4955.00	47780.00
34.	Total Contribution Refunds (from Line 28(d))	12.00	42.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4943.00	47738.00
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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 54 (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 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 Amorosi  Mailing Address 57 Niskayuna Street  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12306  C  Occupation Manager, Medicare Sales  Aggregate Year-to-Date  210.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi  Mailing Address 6 Doris Drive  City Scotia  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp  Receipt For: Primary General Other (specify)	State Zip Code NY 12302  C Occupation VP, Sales Ops Aggregate Year-to-Date  720.00	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) Ms. Mary Bianchi Mailing Address 6 Doris Drive  City Scotia  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp  Receipt For: Primary General Other (specify)	State Zip Code NY 12302  C  Occupation VP, Sales Ops  Aggregate Year-to-Date  750.00	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
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 7 / 54 (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 pene name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
Mailing Address 6 Doris Drive		12 / 30 / Y Y Y Y Y
City <u>Scotia</u>	State Zip Code NY 12302	Transaction ID: SA11AI.9866  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 ▼ 780.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		12 02 7 2010
City	State Zip Code	Transaction ID: SA11AI.9873
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) ▼	480.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		1 2 1 6 2 0 1 0
City Delmar	State Zip Code NY 12054	Transaction ID: SA11AI.9874  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		70.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC	atements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>S</u> N	full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court  Sity Delmar FEC ID number of contributing ederal political committee.  Jame of Employer MVP  Receipt For: Primary General	State NY  C Occupation Administr Aggregate		Date of Receipt  1 2 3 0 2 0 1 0  Transaction ID: SA11AI.9875  Amount of Each Receipt this Period  20.00
3. <u>C</u> F for	Other (specify)   Gull Name (Last, First, Middle Initial) Carl Cameron  Mailing Address 285 Willowcrest Drive  City  Rochester  EC ID number of contributing ederal political committee.  Ilame of Employer  Receipt For:		Zip Code 14618	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F F F F F F F F F F F F F F F F F F F	Primary General Other (specify)   Gull Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester EC ID number of contributing ederal political committee.  Jame of Employer MVP Receipt For:		Zip Code 14618  al Director 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
	Primary General Other (specify) ▼  BTOTAL of Receipts This Page (optional)	0 0	750.00	80.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 54 (check only one)    X   11a
An	y information copied from such Reports and St 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 name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
<u>∠</u> <b>A</b> .	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester	State Zip Code NY 14618	Date of Receipt  1 2 3 0 2 0 1 0  Transaction ID: SA11AI.9878  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 Other (specify) ▼	VP Medical Director  Aggregate Year-to-Date ▼  780.00	
 B.	Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 212 Meriline Ave.		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.9893
	Scotia  FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period  20.00
	Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
	Full Name (Last, First, Middle Initial) Laura Davis		Date of Receipt
	Mailing Address 212 Meriline Ave.		12 16 2010
	City Scotia	State Zip Code NY 12302	Transaction ID: SA11AI.9894
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  20.00
	Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SI	JBTOTAL of Receipts This Page (optional)		70.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 54 (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) Laura Davis Mailing Address 212 Meriline Ave.  City Scotia  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care Inc  Receipt For: Primary General	State Zip Code NY 12302  C  Occupation Clinical Pharmacist Aggregate Year-to-Date ▼	Date of Receipt    M M M
Other (specify) ▼  Full Name (Last, First, Middle Initial) Patricia Deferio  Mailing Address 7723 Majestic Drive		Date of Receipt  1 2 0 2 2 0 1 0
City  Liverpool  FEC ID number of contributing federal political committee.  Name of Employer MVP	State Zip Code NY 13090  C Occupation	Transaction ID: SA11AI.9896  Amount of Each Receipt this Period  40.00
Receipt For: Primary General Other (specify)	Regional Network Director  Aggregate Year-to-Date ▼  870.00	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City	State Zip Code	Date of Receipt  1 2 1 6 2 0 1 0  Transaction ID: SA11AI.9897
Liverpool  FEC ID number of contributing federal political committee.	NY 13090	Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For:	Occupation Regional Network Director  Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ♥ 910.00	
SUBTOTAL of Receipts This Page (optional	l)	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 11 / 54 (check only one)    X
or fo	information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	itatements may 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
F <u>F</u>	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive			Date of Receipt  1 2 3 0 2 0 1 0
	City Liverpool	State NY	Zip Code 13090	Transaction ID: SA11AI.9898  Amount of Each Receipt this Period
fe	FEC ID number of contributing ederal political committee.	С		40.00
_	Name of Employer MVP  Receipt For:  Primary General  Other (specify) ▼	, ' <u> </u>	n Network Director e Year-to-Date ▼ 950.00	
<u>N</u>	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road			Date of Receipt  1 2 0 2 2 0 1 0
Ċ	Dity	State	Zip Code	Transaction ID: SA11AI.9905
9	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		40.00
_	Name of Employer MVP	Occupation Treasure		
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 860.00	
N	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road			Date of Receipt  1 2 1 6 2 0 1 0
	Dity	State	Zip Code	Transaction ID: SA11AI.9906
F	Schenectady FEC ID number of contributing	C	12303	Amount of Each Receipt this Period 40.00
_	ederal political committee.  Name of Employer MVP	Occupation Treasure		
F	Receipt For:  Primary General  Other (specify) ▼	. '	e Year-to-Date ▼ 900.00	
SUI	BTOTAL of Receipts This Page (optional)	1		120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each cat	۱ -	FOR LINE NUMBER: PAGE 12 / 54 (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 e name and address of any po	used by any person litical committee to so	for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer MVP	State Zip Code NY 12303  C Occupation		Date of Receipt  1 2 3 0 2 0 1 0  Transaction ID: SA11AI.9907  Amount of Each Receipt this Period  40.00
Receipt For:  Primary General  Other (specify) ▼	Treasurer Aggregate Year-to-Date	940.00	
Full Name (Last, First, Middle Initial) Kathleen Fish Mailing Address 500 Normanskill Place	e		Date of Receipt  1 2 3 1 2 0 1 0
City	State Zip Code		Transaction ID: SA11AI.9916
Slingerlands	NY 12159		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer MVP	Occupation Administrative		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	210.00	
Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
Mailing Address 500 Normanskill Plac	е		1 2 0 2 2 0 1 0
City	State Zip Code		Transaction ID: SA11AI.9917
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 Manage	ement	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	1260.00	
SUBTOTAL of Receipts This Page (optional)			110.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 54 (check only one)    X
	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) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		12 16 2010
	City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.9918  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 ▼ 1320.00	
- В.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.9919
	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:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1380.00	
с. С.	Full Name (Last, First, Middle Initial) John Gajewski		Date of Receipt
	Mailing Address 166 Jordan Blvd		12 03 2010
	City	State Zip Code	Transaction ID: SA11AI.9926
	Delmar  FEC ID number of contributing federal political committee.	NY 12054	Amount of Each Receipt this Period  20.00
	Name of Employer	Occupation	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
	SUBTOTAL of Receipts This Page (optional)		140.00
f	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 54 (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	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) John Gajewski			Date of Receipt
Mailing Address 166 Jordan Blvd  City	State	Zip Code	1 2 1 7 2 0 1 0  Transaction ID: SA11AI.9927
Delmar  FEC ID number of contributing federal political committee.	C	12054	Amount of Each Receipt this Period  20.00
Name of Employer	Occupation	1	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 410.00	
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd			Date of Receipt  1 2 3 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.9928
<u>Delmar</u>	NY	12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer	Occupation	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 430.00	
Full Name (Last, First, Middle Initial) Dominic Galante			Date of Receipt
Mailing Address 220 Alexander Street	:		12 02 7 2010
City	State	Zip Code	Transaction ID: SA11AI.9929
ROchester  FEC ID number of contributing federal political committee.	C	14607	Amount of Each Receipt this Period  30.00
Name of Employer MVP Health Care	Occupation	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>		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 15 / 54 (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 persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dominic Galante  Mailing Address 220 Alexander Street  City	State Zip Code	Date of Receipt  1 2
ROchester  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care	NY 14607  C Occupation	Amount of Each Receipt this Period  30.00
Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Dominic Galante  Mailing Address 220 Alexander Street		Date of Receipt  1 2 3 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9931
ROchester  FEC ID number of contributing federal political committee.	NY 14607	Amount of Each Receipt this Period  30.00
Name of Employer MVP Health Care	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Joyce Gallimore		Date of Receipt
Mailing Address 3 Bay Crest Drive		1 2 0 2 2 0 1 0
City	State Zip Code VT 05403	Transaction ID: SA11AI.9935
South Burlington  FEC ID number of contributing federal political committee.	VT 05403	Amount of Each Receipt this Period  0.00
Name of Employer MVP	Occupation Administrative	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  258.00	
SUBTOTAL of Receipts This Page (optional)	1	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 16 / 54 (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	itatements 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.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Michael Gauci		Date of Receipt
Mailing Address 329 Mohawk Ave Apt 4		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.9938
<u>Scotia</u>	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Bill Geddings	L	Date of Receipt
Mailing Address 75 Robinwood Drive		12 02 YYYY 12 02 2010
City	State Zip Code	Transaction ID: SA11AI.9939
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 ▼ 480.00	
Full Name (Last, First, Middle Initial) Bill Geddings	L	Date of Receipt
Mailing Address 75 Robinwood Drive		12 16 2010
City	State Zip Code	Transaction ID: SA11AI.9940
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) ▼	500.00	
CURTOTAL of Descints This Desc (entired)		50.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	50.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 54 (check only one)    X   11a
or for commercial p	pied from such Reports and Stater burposes, other than using the nam MMITTEE (In Full) Care Inc. Federal PAC	ments may not be sold or used by any persone and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Bill Geddings  Mailing Address	t, First, Middle Initial)  75 Robinwood Drive	Out. 7's Out.	Date of Receipt  1 2 3 0 2 1 0
City Clifton Park FEC ID numbe		State Zip Code NY 12065	Transaction ID: SA11AI.9941  Amount of Each Receipt this Period  20.00
Name of Emplo MVP  Receipt For: Primary Other (sp	yer (	Occupation /P Health Services Aggregate Year-to-Date ▼ 520.00	]
Full Name (Las Patrick Glavey Mailing Address	t, First, Middle Initial)  165 Windemere Road		Date of Receipt  1 2 0 2 2 0 1 0
City Rochester		State Zip Code NY 14610	Transaction ID: SA11AI.9945  Amount of Each Receipt this Period
FEC ID numbe federal political	committee.	C	80.00
Name of Emplo MVP  Receipt For: Primary Other (sp	General	Occupation /P, Medicare Products Aggregate Year-to-Date ▼ 1740.00	
Full Name (Las Patrick Glavey Mailing Address	t, First, Middle Initial)  5 165 Windemere Road		Date of Receipt  1 2 1 6 2 0 1 0
City Rochester		State Zip Code NY 14610	Transaction ID: SA11AI.9946  Amount of Each Receipt this Period
FEC ID number federal political		C	80.00
Name of Emplo MVP	yer C	Occupation /P, Medicare Products	
Receipt For: Primary Other (sp	General	Aggregate Year-to-Date ▼ 1820.00	
SUBTOTAL of Re	eceipts This Page (optional)		180.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 18/54   (check only one)
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 o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		, , ,	
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Roa	ad		1 2 3 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.9947
Rochester  FEC ID number of contributing federal political committee.	C	14610	Amount of Each Receipt this Period 80.00
Name of Employer MVP	Occupatio VP. Med	n icare Products	
Receipt For:  Primary  General  Other (specify)	<del>-                                    </del>	e Year-to-Date ▼ 1900.00	
Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			12 02 YYYYY 12 02 2010
City	State	Zip Code	Transaction ID: SA11AI.9948
Schenectady  FEC ID number of contributing federal political committee.	C	12303	Amount of Each Receipt this Period  70.00
Name of Employer MVP	Occupatio EVP & C	n hief Legal Officer	
Receipt For:  Primary General  Other (specify) ▼	_ , '	Year-to-Date ▼ 1580.00	
Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			1 2 1 6 2 0 1 0
City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.9949  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12500	70.00
Name of Employer MVP	Occupatio EVP & C	n hief Legal Officer	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1650.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		220.00

City State Zip Code NY 12303  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify) ▼  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Name of Employer Mailing Address 134 Overlook Lane  City State Zip Code NY 12056  FEC ID number of contributing federal political committee.  Name of Employer MVP  Ccupation IT Ombudsman  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Name of Employer MVP  Ccupation IT Ombudsman  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Michael Greppo  Mailing Address 134 Overlook Lane  City State Zip Code NY 12056  Full Name (Last, First, Middle Initial)  Michael Greppo  Mailing Address 134 Overlook Lane  City State Zip Code NY 12056  Transaction ID: SA11AI.9952  Amount of Each Receipt Transaction ID: SA11AI.9952  Amount of Each Receipt Transaction ID: SA11AI.9952  Amount of Each Receipt this Per	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A. Date of Receipt  Full Name (Last, First, Middle Initial)  Date of Receipt  Tasaction ID: SA11ALI9950  Amount of Each Receipt to:  Primary General Other (specify) ▼  State Zip Code NY 12303  FEC ID number of contributing federal political committee.  Name of Employer  Michael Greppo  Malling Address 134 Overlook Lane  City  Same of Employer  Fec ID number of contributing  Fec lip number of contributing  Fec lip number of contributing  Fel Name (Last, First, Middle Initial)  Michael Greppo  Malling Address 134 Overlook Lane  City  State Zip Code NY 12056  FEC ID number of contributing federal political committee.  Name of Employer  More of Each Receipt for:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Michael Greppo  Malling Address 134 Overlook Lane  City  State Zip Code NY 12056  FEC ID number of contributing federal political committee.  Name of Employer  Michael Greppo  Malling Address 134 Overlook Lane  City  Full Name (Last, First, Middle Initial)  Michael Greppo  Malling Address 134 Overlook Lane  City  State Zip Code NY 12056  Full Name (Last, First, Middle Initial)  Michael Greppo  Malling Address 134 Overlook Lane  City  State Zip Code NY 12056  Feceipt For:  Primary General  Other (specify) ▼  Aggregate Year-to-Date ▼  Transaction ID: SA11Al.9952  Amount of Each Receipt his Per  Transaction ID: Compation IT Ombudsman  Aggregate Year-to-Date ▼  Transaction ID: Cath 1Al.9952  Amount of Each Receipt his Per  Transaction ID: Cath 1Al.9952  Amount of Each Receipt his Per  Transaction ID: Cath 1Al.9952  Amount of Each Receipt his Per  Transaction ID: Cath 1Al.9952  Amount of Each Receipt his Per  Transaction ID: Cath 1Al.9952  Amount of Each Receipt his Per  Transaction ID: Cath 1Al.9952  Transactio	or for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Date of Receipt    State	1 \		
City State Zip Code NY 12303  Amount of Each Receipt this Per FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify) ▼ Duanesburg  FEC ID number of contributing federal political committee.  Name of Employer MVP  Cocupation EVP & Chief Legal Officer Aggregate Year-to-Date ▼ 1720.00  Date of Receipt  NY 12056  FEC ID number of contributing federal political committee.  City Duanesburg  FEC ID number of contributing Receipt For: Primary General Other (specify) ▼  FUII Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane  City Duanesburg  FUII Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane  City Duanesburg  FUII Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane  City Duanesburg  FUII Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane  City Duanesburg  FUII Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane  City Duanesburg  FUII Name (Last, First, Middle Initial) Michael Greppo  Mailing Address 134 Overlook Lane  City Duanesburg  FUII Name (Last, First, Middle Initial) Michael Greppo  Mailing Address 134 Overlook Lane  City Duanesburg  FUII Name (Last, First, Middle Initial) Michael Greppo  Mailing Address 134 Overlook Lane  City Duanesburg  FUII Name (Last, First, Middle Initial) Michael Greppo  Mailing Address 134 Overlook Lane  City Duanesburg  FUII Name (Last, First, Middle Initial) Michael Greppo  Mailing Address 134 Overlook Lane  City Duanesburg  FUII Name (Last, First, Middle Initial)  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.9952  Amount of Each Receipt Init Initial  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.9962  Amount of Each Receipt Init Initial  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.9962  Amount of Each Receipt Init Initial  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.9962  Amount of Each Receipt Init Initial  Aggregate Year-to-Date	Denise Gonick		·
Schenectady  FEC ID number of contributing federal political committee.  Name of Employer  WYP  Receipt For:  Primary General  Other (specify) ▼  Cuty  State Zip Code  NY 12056  FEC ID number of contributing federal political committee.  Name of Employer  WYP  Date of Receipt this Per  Tansaction ID: SA11AI.9951  Aggregate Year-to-Date ▼  Tansaction ID: SA11AI.9951  Amount of Each Receipt this Per  Aggregate Year-to-Date ▼  Tansaction ID: SA11AI.9951  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9951  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9951  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9951  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9951  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9951  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952  Tansaction ID: SA11AI.9952  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952  Tansaction ID: SA11AI.9952  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952  Amount of Each Receipt this Per  Tansaction ID: SA11AI.9952		Stato Zin Codo	12 30 2010
FEC ID number of contributing federal political committee.  Name of Employer    Name of Employer   Cocupation	-		
Receipt For:	FEC ID number of contributing		70.00
Primary General Other (specify) ▼ 1720.00  Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane  City State Zip Code NY 12056  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify) ▼ 240.00  Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane  City State Zip Code NY 12056  Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane  City State Zip Code NY 12056  FEC ID number of contributing federal political committee.  City State Zip Code NY 12056  FEC ID number of contributing federal political committee.  Name of Employer NY 12056  FEC ID number of contributing federal political committee.  Name of Employer Occupation IT Ombudsman  Receipt For: Aggregate Year-to-Date ▼	Name of Employer MVP	· ·	
Michael Greppo  Mailing Address 134 Overlook Lane  City State Zip Code NY 12056  FEC ID number of contributing federal political committee.  Name of Employer Miling Address 134 Overlook Lane  City State Zip Code NY 12056  Receipt For: Primary General Other (specify) ▼ 240.00  Full Name (Last, First, Middle Initial)  Michael Greppo  Mailing Address 134 Overlook Lane  City State Zip Code NY 12056  FEC ID number of contributing federal political committee.  Name of Employer NY 12056  Full Name (Last, First, Middle Initial)  City State Zip Code NY 12056  FEC ID number of contributing federal political committee.  Name of Employer NY 12056  FEC ID number of contributing federal political committee.  Name of Employer NY 12056  Receipt For: Primary General Occupation IT Ombudsman  Receipt For: Primary General Occupation IT Ombudsman  Aggregate Year-to-Date ▼	Primary General	1720.00	
City State Zip Code NY 12056  FEC ID number of contributing federal political committee.  Name of Employer MVP  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane  City State Zip Code NY 12056  FEC ID number of contributing federal political committee.  City State Zip Code NY 12056  FEC ID number of contributing federal political committee.  Name of Employer NY 12056  FEC ID number of contributing federal political committee.  Name of Employer NY 12056  Receipt Fec ID number of contributing federal political committee.  Name of Employer NY 12056  Receipt For: Aggregate Year-to-Date ▼  10  12  12  12  12  13  14  15  16  16  17  17  18  18  19  19  10  10  11  11  12  10  10  10  11  11	Michael Greppo		Date of Receipt
Duanesburg  NY 12056  Amount of Each Receipt this Per  FEC ID number of contributing federal political committee.  Name of Employer			
FEC ID number of contributing federal political committee.  Name of Employer	•		
Receipt For:     Primary	FEC ID number of contributing		Amount of Each Receipt this Period
Primary General Other (specify) ▼  Pull Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane  City State Zip Code Duanesburg NY 12056  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General  240.00  Date of Receipt  Transaction ID: SA11Al.9952  Amount of Each Receipt this Per  10  Aggregate Year-to-Date ▼	Name of Employer MVP	•	
Michael Greppo  Mailing Address 134 Overlook Lane  City State Zip Code  Duanesburg NY 12056  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General  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 General		
City State Zip Code  Duanesburg NY 12056  FEC ID number of contributing federal political committee.  Name of Employer MVP  Primary General  1 2 1 6 2 0  Transaction ID: SA11AI.9952  Amount of Each Receipt this Per  10  11  Transaction ID: SA11AI.9952  Amount of Each Receipt this Per  10  11  Aggregate Year-to-Date ▼			Date of Receipt
Duanesburg NY 12056   FEC ID number of contributing federal political committee. C    Amount of Each Receipt this Per  10  10  10  10  10  10  10  10  10  1	Mailing Address 134 Overlook Lane		
FEC ID number of contributing federal political committee.  Name of Employer MVP  Occupation IT Ombudsman  Receipt For: Primary  General  Aggregate Year-to-Date	•	·	Transaction ID: SA11AI.9952
Receipt For:  Primary  General  Aggregate Year-to-Date ▼	FEC ID number of contributing		Amount of Each Receipt this Period
Primary General 250.00	Name of Employer MVP	·	
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	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 20 / 54 (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 persone name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane		Date of Receipt
City  Duanesburg  FEC ID number of contributing	State Zip Code NY 12056	Transaction ID: SA11AI.9953  Amount of Each Receipt this Period
Name of Employer MVP  Receipt For:	Occupation IT Ombudsman  Aggregate Year-to-Date	10.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Christopher Henchey	260.00	Date of Receipt
Mailing Address 144 Berry Road  City  Loudon  FEC ID number of contributing federal political committee.	State Zip Code NH 03307	Transaction ID: SA11AI.9957  Amount of Each Receipt this Period  80.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date   1920.00	
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt  1 2 1 6 2 0 1 0
City Loudon FEC ID number of contributing federal political committee.	State Zip Code NH 03307	Transaction ID: SA11AI.9958  Amount of Each Receipt this Period  80.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation Vice President  Aggregate Year-to-Date   2000.00	
SUBTOTAL of Receipts This Page (optional)		170.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 54 (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) Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		1 2 3 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9959
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:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	2080.00	
Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood 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.9966
Schenectady	NY 12306	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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Drive		12 17 2010
City	State Zip Code	Transaction ID: SA11AI.9967
Schenectady	NY 12306	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: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	120.00

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

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 54 (check only one)    X
A 0	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		
۸.	Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt
	Mailing Address 45 Crestwood Drive	7:0.1	12 31 2010
	City Schenectady	State Zip Code NY 12306	Transaction ID: SA11AI.9968  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
- s.	Full Name (Last, First, Middle Initial) Gary Hughes		Date of Receipt
	Mailing Address 1602 Bradley Street		12 02 2010
	City	State Zip Code	Transaction ID: SA11AI.9972
	Schenectady  FEC ID number of contributing federal political committee.	NY 12309	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation Administrative	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
_	Full Name (Last, First, Middle Initial) Gary Hughes		Date of Receipt
	Mailing Address 1602 Bradley Street		1 2 1 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.9973
	Schenectady FEC ID number of contributing federal political committee.	NY 12309	Amount of Each Receipt this Period  10.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
			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 23 / 54 (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 personant the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Gary Hughes Mailing Address 1602 Bradley Street		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City Schenectady  FEC ID number of contributing federal political committee.	State Zip Code NY 12309	Transaction ID: SA11AI.9974  Amount of Each Receipt this Period  10.00
Name of Employer MVP  Receipt For:  Primary  General  Other (specify) ▼	Occupation Administrative  Aggregate Year-to-Date   260.00	1
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive		Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
City Fairport  FEC ID number of contributing federal political committee.	State Zip Code NY 14450	Transaction ID: SA11AI.9978  Amount of Each Receipt this Period  30.00
Name of Employer MVP  Receipt For: Primary General Other (specify)	Occupation VP Information Technology  Aggregate Year-to-Date ▼  720.00	1
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive		Date of Receipt  1 2 1 6 2 0 1 0
City Fairport FEC ID number of contributing federal political committee.	State Zip Code NY 14450	Transaction ID: SA11AI.9979  Amount of Each Receipt this Period  30.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation VP Information Technology  Aggregate Year-to-Date  750.00	
SUBTOTAL of Receipts This Page (optional	)	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 24 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A oi	ny information copied from such Reports and so for 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 t	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
۱.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		12 30 2010
	City <u>Fairport</u>	State Zip Code NY 14450	Transaction ID: SA11AI.9980  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 780.00	
. –	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
	Mailing Address 213 Hansen Ave		1 2 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.9984
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	870.00	
_	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
	Mailing Address 213 Hansen Ave		12 17 2010
	City	State Zip Code NY 12208	Transaction ID: SA11AI.9985
	Albany FEC ID number of contributing federal political committee.	NY 12208	Amount of Each Receipt this Period 40.00
	Name of Employer	Occupation	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	
	SURTOTAL of Receipts This Page (ontional)		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 25 / 54 (check only one)    X   11a
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	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	State Zip Code NY 12208	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  Aggregate Year-to-Date   950.00	]
Full Name (Last, First, Middle Initial) William John Mailing Address 5 Sonat Road  City Clifton Park	State Zip Code NY 12065	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  Receipt For:  Primary General Other (specify)	Occupation Administrative  Aggregate Year-to-Date   240.00	10.00
Full Name (Last, First, Middle Initial) William John Mailing Address 5 Sonat Road  City Clifton Park  FEC ID number of contributing federal political committee.	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
Name of Employer MVP  Receipt For: Primary General Other (specify)	Occupation Administrative  Aggregate Year-to-Date   250.00	
SUBTOTAL of Receipts This Page (optional	)	60.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>.</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26/54   (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 person dress 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) William John			Date of Receipt
Mailing Address 5 Sonat Road			M M / D D / Y Y Y Y Y 1 1 2 3 0 2 0 1 0
City Clifton Park	State NY	Zip Code 12065	Transaction ID: SA11AI.9992  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12005	10.00
Name of Employer MVP	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Barbara Leonard			Date of Receipt
Mailing Address 848 DeCamp Avenu	ie		1 2 0 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.9999
Schenectady FEC ID number of contributing	C	12309	Amount of Each Receipt this Period
federal political committee.	C		10.00
Name of Employer MVP	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Barbara Leonard			Date of Receipt
Mailing Address 848 DeCamp Avenu	ıe		1 2 0 2 2 0 1 0
City Schenectady	State NY	Zip Code	Transaction ID: SA11AI.10001
FEC ID number of contributing federal political committee.	C	12309	Amount of Each Receipt this Period
Name of Employer MVP	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			30.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/54   (check only one)     X
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 person dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		,,,	
Full Name (Last, First, Middle Initial) Barbara Leonard			Date of Receipt
Mailing Address 848 DeCamp Avenu	е		12 16 2010
City Schenectady	State NY	Zip Code 12309	Transaction ID: SA11AI.10000  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	10.00
Name of Employer MVP	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Barbara Leonard			Date of Receipt
Mailing Address 848 DeCamp Avenu	е		1 2 1 6 2 0 1 0
City	State NY	Zip Code	Transaction ID: SA11AI.10002
Schenectady  FEC ID number of contributing federal political committee.	C	12309	Amount of Each Receipt this Period  10.00
Name of Employer MVP	Occupation Administ		7
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Barbara Leonard			Date of Receipt
Mailing Address 848 DeCamp Avenu	е		12 30 2010
City Schenectady	State NY	Zip Code 12309	Transaction ID: SA11AI.10003  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	10.00
Name of Employer MVP	Occupation Administ		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)			30.00

SCHEDULE A	(FEC Form 3X) CEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial pur  NAME OF COMM	poses, other than using the nan	nents may not be sold or used by any persone and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, F Joseph Lia	irst, Middle Initial)  12 Sutherland Drive  contributing mmittee.	State Zip Code NY 10930  C  Description /P of Mid-Hudson Region  Aggregate Year-to-Date ▼	Date of Receipt    M
Full Name (Last, F Joseph Lia Mailing Address  City  Highland Mills		720.00  State Zip Code  NY 10930	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (speci	mmittee.	Cocupation /P of Mid-Hudson Region Aggregate Year-to-Date ▼ 750.00	30.00
Full Name (Last, F Joseph Lia Mailing Address  City  Highland Mills  FEC ID number of federal political column.  Name of Employed MVP	12 Sutherland Drive	State Zip Code NY 10930  C	Date of Receipt    M
Receipt For: Primary Other (speci	General	/P of Mid-Hudson Region Aggregate Year-to-Date ▼ 780.00	
SUBTOTAL of Rece	eipts 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 29/54   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	y not be sold or used by any pers dress 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) William V. Little			Date of Receipt
Mailing Address 300 Partridge Lane			12 02 2010
City	State	Zip Code	Transaction ID: SA11AI.10010
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.	Occupatio VP Verm		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
Mailing Address 300 Partridge Lane			12 16 2010
City	State	Zip Code	Transaction ID: SA11AI.10011
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.	Occupatio VP Verm		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		750.00	
Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
Mailing Address 300 Partridge Lane			1 2 3 0 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.10012
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.	Occupatio VP Verm		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		780.00	
			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 30 / 54 (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	Statements may not be sold or used by any personal Statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way City	State Zip Code	Date of Receipt    M M
Webster  FEC ID number of contributing federal political committee.	NY 14580	Amount of Each Receipt this Period  40.00
Name of Employer MVP  Receipt For:  Primary General  Other (specify) ▼	Occupation VP, Underwriting and Analysis Aggregate Year-to-Date  960.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.  Mailing Address 19 Crimson Way		Date of Receipt  1 2 1 6 2 0 1 0
City Webster FEC ID number of contributing	State Zip Code NY 14580	Transaction ID: SA11AI.10029  Amount of Each Receipt this Period
federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation VP, Underwriting and Analysis  Aggregate Year-to-Date  1000.00	40.00
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt  1 2 3 0 2 0 1 0
City Webster FEC ID number of contributing federal political committee.	State Zip Code NY 14580	Transaction ID: SA11AI.10030  Amount of Each Receipt this Period  40.00
Name of Employer MVP  Receipt For:  Primary  General  Other (specify)	Occupation VP, Underwriting and Analysis  Aggregate Year-to-Date ▼  1040.00	
SUBTOTAL of Receipts This Page (optional)		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 31 / 54 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persog the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PA		
Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		12 02 2010
City	State Zip Code	Transaction ID: SA11AI.10031
Saratoga  FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period  30.00
Name of Employer	Occupation	-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		12 16 YYYYY 12 16 2010
City	State Zip Code	Transaction ID: SA11AI.10032
<u>Saratoga</u>	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		12 30 7 2010
City	State Zip Code	Transaction ID: SA11AI.10033
Saratoga	NY 12866	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	
	al)	90.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 54 (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)	Statements may not be sold or used by any perent and address of any political committee	erson for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) John McGrath		Date of Receipt
Mailing Address 210 Dorchester Road		12 30 7 2010
City Rochester	State Zip Code NY 14610	Transaction ID: SA11AI.10039
FEC ID number of contributing federal political committee.	C 14610	Amount of Each Receipt this Period 10.00
Name of Employer MVP	Occupation Contract Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		12 02 2010
City	State Zip Code	Transaction ID: SA11AI.10040
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) ▼	960.00	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		12 16 2010
City	State Zip Code	Transaction ID: SA11AI.10041
Rochester  EEC ID number of contributing	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 ▼	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)	1	90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 54 (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	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) Laurie Metheny  Mailing Address 21 Joellen Drive			Date of Receipt
City Rochester FEC ID number of contributing	State NY	Zip Code 14626	Transaction ID: SA11AI.10042  Amount of Each Receipt this Period  40.00
Receipt For:  Primary Other (specify)	Occupatio VP, Busi	n ness Excellence e Year-to-Date ▼ 1040.00	
Full Name (Last, First, Middle Initial) Donna Michele Mailing Address 24 Kraus Road			Date of Receipt  1 2 0 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.10043
<u>Albany</u>	NY	12203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer MVP	Occupatio Administ		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Donna Michele	I		Date of Receipt
Mailing Address 24 Kraus Road			12 16 2010
City	State	Zip Code	Transaction ID: SA11AI.10044
Albany FEC ID number of contributing federal political committee.	C	12203	Amount of Each Receipt this Period  10.00
Name of Employer MVP	Occupatio Administ		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ત્રી)		60.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate for each cate Detailed Sum	schedule(s) (check gory of the	NE NUMBER: PAGE 34 / 54 only one)  1a 11b 11c 12 3 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or u e name and address of any polit	sed by any person for the r	ourpose of soliciting contributions
MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial) Donna Michele		Date	e of Receipt
Mailing Address 24 Kraus Road		M 1	2 30 7 2010
City Albany	State Zip Code NY 12203		nsaction ID: SA11AI.10045 ount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	All	10.00
Name of Employer MVP	Occupation Administrative		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	260.00	
Full Name (Last, First, Middle Initial) James Morrill		Date	e of Receipt
Mailing Address 54 Henderson Road		M 1	2 02 2010
City	State Zip Code		nsaction ID: SA11AI.10046
Glenmont FEC ID number of contributing federal political committee.	NY 12077	Amo	ount of Each Receipt this Period 50.00
Name of Employer MVP	Occupation EVP, HR		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	1200.00	
Full Name (Last, First, Middle Initial) James Morrill	.1	Date	e of Receipt
Mailing Address 54 Henderson Road		M 1	M / D D / Y Y Y Y
City Glenmont	State Zip Code NY 12077		nsaction ID: SA11AI.10047
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 ▼	1250.00	
SUBTOTAL of Receipts This Page (optional)	1	<b>_</b>	110.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 54 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		12 30 7 2010
Clanmont	State Zip Code NY 12077	Transaction ID: SA11AI.10048
Glenmont  FEC ID number of contributing federal political committee.	NY 12077	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 ▼ 1300.00	
Full Name (Last, First, Middle Initial) Kari Mysliwiec		Date of Receipt
Mailing Address 1 Vitucci Ct		12 03 YYYY 12 03 2010
City	State Zip Code	Transaction ID: SA11AI.10049
Cohoes	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Kari Mysliwiec	<u> </u>	Date of Receipt
Mailing Address 1 Vitucci Ct		12 17 2010
City Cohoes	State Zip Code NY 12047	Transaction ID: SA11AI.10050
FEC ID number of contributing federal political committee.	NY 12047	Amount of Each Receipt this Period  10.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
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 36 / 54 (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 not be sold or used by any perso he 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) Kari Mysliwiec Mailing Address 1 Vitucci Ct  City Cohoes FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General	State Zip Code NY 12047  C  Occupation  Aggregate Year-to-Date ▼	Date of Receipt  1 2 3 1 2 0 1 0  Transaction ID: SA11AI.10051  Amount of Each Receipt this Period  10.00
Other (specify)  Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond	260.00 Drive	Date of Receipt  1 2 0 2 2 0 1 0
City Voorheesville FEC ID number of contributing federal political committee.	State Zip Code NY 12186	Transaction ID: SA11AI.10058  Amount of Each Receipt this Period  20.00
Name of Employer MVP  Receipt For:  Primary General  Other (specify) ▼	Occupation Director of Finance  Aggregate Year-to-Date   390.00	
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond	Drive	Date of Receipt  1 2 1 6 2 0 1 0
City Voorheesville	State Zip Code NY 12186	Transaction ID: SA11AI.10059  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP  Receipt For:	Occupation Director of Finance  Aggregate Year-to-Date	
Primary General Other (specify) ▼	410.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 54 (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	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) Richard Odorizzi Mailing Address 71 East Claremond I City	Drive State	Zip Code	Date of Receipt  1 2 3 0 2 0 1 0
Voorheesville  FEC ID number of contributing federal political committee.	NY C	12186	Transaction ID: SA11AI.10060  Amount of Each Receipt this Period  20.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	<del>-                                    </del>	of Finance e Year-to-Date ▼  430.00	]
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle			Date of Receipt  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 NY	Zip Code 12205	Transaction ID: SA11AI.10061  Amount of Each Receipt this Period  30.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼		of Operations e Year-to-Date ▼ 720.00	]
Full Name (Last, First, Middle Initial) David Orlando  Mailing Address 3 Clare Castle			Date of Receipt
City Albany FEC ID number of contributing federal political committee.	State NY	Zip Code 12205	Transaction ID: SA11AI.10062  Amount of Each Receipt this Period  30.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼		of Operations e Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)	)		80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 54 (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)	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.
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		12 30 7 2010
City <u>Albany</u>	State Zip Code NY 12205	Transaction ID: SA11AI.10063  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 ▼ 780.00	
Full Name (Last, First, Middle Initial)  Everret Patterson		Date of Receipt
Mailing Address 285 Pinebrook Drive		12 03 7 9 10
City	State Zip Code	Transaction ID: SA11AI.10064
Hyde Park	NY 12538	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation Regional Sales Manager	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial)  Everret Patterson		Date of Receipt
Mailing Address 285 Pinebrook Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hyde Park	State Zip Code NY 12538	Transaction ID: SA11AI.10065
FEC ID number of contributing federal political committee.	NY 12538	Amount of Each Receipt this Period
Name of Employer MVP	Occupation Regional Sales Manager	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  250.00	
SUBTOTAL of Receipts This Page (optional)		50.00
TOTAL This Period (last page this line number	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 54 (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 not be sold or used by any persone 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)  Everret Patterson  Mailing Address 285 Pinebrook Drive  City  Hyde Park	State Zip Code NY 12538	Date of Receipt    M M
FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General	Occupation Regional Sales Manager Aggregate Year-to-Date	10.00
Other (specify) ▼  Full Name (Last, First, Middle Initial)  Bill Peat  Mailing Address 4315 Buckingham Dr	ive State Zip Code	Date of Receipt    M
Schenectady  FEC ID number of contributing federal political committee.  Name of Employer MVP	NY 12304  C Occupation	Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify) ▼	Change Manager (IT)  Aggregate Year-to-Date ▼  206.00	
Full Name (Last, First, Middle Initial) Donald Rahn Mailing Address 931 Northumberland	Dr.	Date of Receipt  1 2 0 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
City Niskayuna  FEC ID number of contributing federal political committee.	State Zip Code NY 12309	Amount of Each Receipt this Period  20.00
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  310.00	]
SUBTOTAL of Receipts This Page (optional)		40.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 40 / 54 (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 not be sold o e name and address of any po	or used by any person olitical committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Donald Rahn  Mailing Address 931 Northumberland	Dr.		Date of Receipt
City <u>Niskayuna</u>	State Zip Code NY 12309	•	Transaction ID: SA11AI.10083  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	▼ 330.00	- -
Full Name (Last, First, Middle Initial) Donald Rahn Mailing Address 931 Northumberland	Dr.		Date of Receipt
City	State Zip Code	)	1 2 3 1 2 0 1 0 Transaction ID: SA11AI.10084
Niskayuna FEC ID number of contributing federal political committee.	NY 12309	1	Amount of Each Receipt this Period  20.00
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date	350.00	-
Full Name (Last, First, Middle Initial) Aneli Rivera-Platt			Date of Receipt
Mailing Address 215 Dunrovin Lane			12 03 2010
City Rochester	State Zip Code NY 14618	)	Transaction ID: SA11AI.10094  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer MVP	Occupation HR Director		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	240.00	
	·		50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 54 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone 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) Aneli Rivera-Platt		Date of Receipt
Mailing Address 215 Dunrovin Lane		12 17 2010
City	State Zip Code	Transaction ID: SA11AI.10095
Rochester FEC ID number of contributing	NY 14618	Amount of Each Receipt this Period
federal political committee.	C	10.00
Name of Employer MVP	Occupation HR Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Aneli Rivera-Platt	1	Date of Receipt
Mailing Address 215 Dunrovin Lane		1 2 3 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.10096
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation HR Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
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	State Zip Code	Transaction ID: SA11AI.10100
Schenectady	NY 12047	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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
		40.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 54 (check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X   11a
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma 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 oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Ellen Runyon			Date of Receipt
	Mailing Address 625 State Street			12 16 2010
	City	State	Zip Code	Transaction ID: SA11AI.10101
	Schenectady	NY	12047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer MVP	Occupatio VP of E		
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	1
В.	Ellen Runyon			Date of Receipt
	Mailing Address 625 State Street	21.1	7. 0. 1	12 30 2010
	City Schenectady	State NY	Zip Code 12047	Transaction ID: SA11AI.10102  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer MVP	Occupatio VP of E I		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		520.00	
C.	Full Name (Last, First, Middle Initial) Thomas Ryan			Date of Receipt
	Mailing Address 24 Bluestone Ridge			12 03 2010
	City	State	Zip Code	Transaction ID: SA11AI.10103
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupatio	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		720.00	]
	SUBTOTAL of Receipts This Page (optional)			70.00
	CONTROL OF TOOCHES THIS I age (optional)			
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 54 (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 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) Thomas Ryan Mailing Address 24 Bluestone Ridge  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 12065  C  Occupation  Aggregate Year-to-Date ▼	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 12065  C  Occupation  Aggregate Year-to-Date  780.00	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) 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 Other (specify)	State Zip Code NY 12866  C  Occupation VP Sales  Aggregate Year-to-Date  720.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number	·	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 44 / 54 (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	on for the purpose of soliciting contributions solicit contributions from such committee.
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 Other (specify)	State Zip Code NY 12866  C  Occupation VP Sales  Aggregate Year-to-Date  750.00	Date of Receipt    M   M   D   D   2 0 1 0   Transaction ID: SA11AI.10107   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.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12866  C  Occupation VP Sales  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
Full Name (Last, First, Middle Initial)  Margaret Stevenson  Mailing Address 3968 Thrush Ln  City  Liverpool  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 13090  C  Occupation  Aggregate Year-to-Date ▼	Date of Receipt    M
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 45 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
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 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) Margaret Stevenson Mailing Address 3968 Thrush Ln  City Liverpool  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 13090  C  Occupation  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
Full Name (Last, First, Middle Initial) Margaret Stevenson Mailing Address 3968 Thrush Ln  City Liverpool  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 13090  C  Occupation  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
Full Name (Last, First, Middle Initial) David Stitt  Mailing Address 684 Macelroy Road  City Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12019  C  Occupation Pharmacy Director  Aggregate Year-to-Date  240.00	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
SUBTOTAL of Receipts This Page (optional)	<b>.</b>	30.00

or for commercial purposes, oth  NAME OF COMMITTEE (In  MVP Health Care Inc. For the second street of the second s	er than using the name and ad Full) ederal PAC e Initial) selroy Road  State NY  Occupation Pharmace Aggregat	Zip Code 12019	Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A. MVP Health Care Inc. For Inc. Full Name (Last, First, Middle David Stitt Mailing Address 684 Mac City Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary Gene Other (specify)  Full Name (Last, First, Middle David Stitt Mailing Address 684 Mac City Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary Gene Other (specify)  Receipt For:  Primary Gene Contributing federal political committee.  Full Name (Last, First, Middle Tracy Tadaro-Ott Mailing Address 33 Evere City Rochester  FEC ID number of contributing federal political committee.	ederal PAC e Initial) selroy Road  State NY  C  Occupation Pharmace Aggregat	n cy Director e Year-to-Date ▼	Transaction ID: SA11AI.10128  Amount of Each Receipt this Period
A. David Stitt  Mailing Address 684 Mac  City  Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle David Stitt)  Mailing Address 684 Mac  City  Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Tracy Tadaro-Ott)  Mailing Address 33 Evered  City  Rochester  FEC ID number of contributing federal political committee.	State NY  C  Occupation Pharmae  Aggregat	n cy Director e Year-to-Date ▼	Transaction ID: SA11AI.10128  Amount of Each Receipt this Period
City  Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle David Stitt Mailing Address 684 Mac City  Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Tracy Tadaro-Ott Mailing Address 33 Evere City Rochester  FEC ID number of contributing federal political committee.	State NY  C  Occupation Pharmae  Aggregat	n cy Director e Year-to-Date ▼	Transaction ID: SA11AI.10128  Amount of Each Receipt this Period
Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle David Stitt Mailing Address 684 Mac City Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Tracy Tadaro-Ott Mailing Address 33 Evere City Rochester  FEC ID number of contributing federal political committee.	NY C Occupation Pharmac Aggregat	n cy Director e Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle David Stitt Mailing Address 684 Mac City  Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify)  Full Name (Last, First, Middle Tracy Tadaro-Ott Mailing Address 33 Evere City  Rochester  FEC ID number of contributing federal political committee.	Occupation Pharmac Aggregateral	on cy Director e Year-to-Date ▼	
Receipt For:    Primary	Pharmac Aggregat	cy Director e Year-to-Date ▼	
Primary Gene Other (specify) ▼  Full Name (Last, First, Middle David Stitt) Mailing Address 684 Maccondition City Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary Gene Other (specify) ▼  Full Name (Last, First, Middle Tracy Tadaro-Ott) Mailing Address 33 Evere  City Rochester  FEC ID number of contributing federal political committee.	eral		
David Stitt  Mailing Address 684 Mac  City  Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Tracy Tadaro-Ott Mailing Address 33 Evere City  Rochester  FEC ID number of contributing federal political committee.	l _ Initial)		
City  Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Tracy Tadaro-Ott Mailing Address 33 Evere City  Rochester  FEC ID number of contributing federal political committee.			Date of Receipt
Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Tracy Tadaro-Ott Mailing Address 33 Evere City Rochester  FEC ID number of contributing federal political committee.	elroy Road		12 30 7 2010
FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Tracy Tadaro-Ott Mailing Address 33 Evere City Rochester  FEC ID number of contributing federal political committee.	State	Zip Code	Transaction ID: SA11AI.10129
Receipt For:  Primary Other (specify)  Full Name (Last, First, Middle Tracy Tadaro-Ott  Mailing Address 33 Evere  City  Rochester  FEC ID number of contributing federal political committee.	NY	12019	Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Tracy Tadaro-Ott  Mailing Address 33 Evere  City  Rochester  FEC ID number of contributing federal political committee.	C		10.00
Primary Gene Other (specify) ▼  Full Name (Last, First, Middle Tracy Tadaro-Ott Mailing Address 33 Evere  City Rochester  FEC ID number of contributing federal political committee.	Occupation Pharmac	on cy Director	
Full Name (Last, First, Middle Tracy Tadaro-Ott Mailing Address 33 Evere City Rochester  FEC ID number of contributing federal political committee.		e Year-to-Date	
City Rochester FEC ID number of contributing federal political committee.	eral	260.00	
City Rochester FEC ID number of contributing federal political committee.	,		Date of Receipt
Rochester FEC ID number of contribution federal political committee.	ett Drive		12 02 2010
FEC ID number of contribution federal political committee.	State NY	Zip Code 14624	Transaction ID: SA11AI.10130
Name of Employer		14024	Amount of Each Receipt this Period 40.00
MVP	Occupation		
Receipt For:  Primary Gene Other (specify) ▼	VP, Sale	e Year-to-Date ▼	
SUBTOTAL of Receipts This F	VP, Sale Aggregat	870.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	<b>(</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 54 (check only one)    X
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 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) Tracy Tadaro-Ott  Mailing Address 33 Everett Drive			Date of Receipt
City Rochester FEC ID number of contributing	State NY	Zip Code 14624	Transaction ID: SA11AI.10131  Amount of Each Receipt this Period  40.00
Receipt For:  Primary  Other (specify)	Occupation VP, Sale		
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive			Date of Receipt
City Rochester  FEC ID number of contributing federal political committee.	State NY	Zip Code 14624	Transaction ID: SA11AI.10132  Amount of Each Receipt this Period  40.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation VP, Sale Aggregate		
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place			Date of Receipt
City  Middletown  FEC ID number of contributing federal political committee.	State CT	Zip Code 06457	Transaction ID: SA11AI.10145  Amount of Each Receipt this Period  40.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation CIO Aggregate	e Year-to-Date ▼ 870.00	
SUBTOTAL of Receipts This Page (optional	)		120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ımmary Page	FOR LINE NUMBER: PAGE 48 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A C	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 on name and address of any po	used by any persor litical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City	State Zip Code		Date of Receipt  1 2 1 6 2 0 1 0  Transaction ID: SA11AI.10146
	Middletown	CT 06457		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	0 0	40.00
	Name of Employer MVP	Occupation CIO		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	910.00	
3.	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place			Date of Receipt  1 2 3 0 2 0 1 0
	City	State Zip Code		Transaction ID: SA11AI.10149
	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		1
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	950.00	
_	Full Name (Last, First, Middle Initial) Shanon Vollmer			Date of Receipt
	Mailing Address 30 Wilton Court			1 2 0 2 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.10150
	FEC ID number of contributing federal political committee.	C 12003		Amount of Each Receipt this Period  30.00
	Name of Employer MVP	Occupation Associate Counsel		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	720.00	
	SUBTOTAL of Receipts This Page (optional)		<b>.</b>	110.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 54 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
(	or for commercial purposes, other than using the	Statements may not be sold or used by any person e 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		
Α.	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt	
	Mailing Address 30 Wilton Court		12 16 2010
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.10151
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  30.00
	Name of Employer MVP	Occupation Associate Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
– В.	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt	
	Mailing Address 30 Wilton Court		12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.10152
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Associate Counsel	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  780.00	]
<u> —</u>	Full Name (Last, First, Middle Initial) Matthew Walkuski		Date of Receipt
	Mailing Address 11 Lillian Drive	12 17 2010	
	City	State Zip Code NY 12302	Transaction ID: SA11AI.10154
	Scotia FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period  10.00
	Name of Employer MVP Health Care	Occupation	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00	
	SUBTOTAL of Receipts This Page (optional) .		70.00
F	TOTAL This Period (last page this line number	•	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 54 (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	d Statements may not be sold or used by any persor 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) Matthew Walkuski Mailing Address 11 Lillian Drive  City Scotia  FEC ID number of contributing federal political committee.  Name of Employer MVP Health Care  Receipt For: Primary General Other (specify)	State Zip Code NY 12302  C Occupation  Aggregate Year-to-Date  216.00	Date of Receipt  M M / D D / Y Y Y Y Y  1 2 0 1 0  Transaction ID: SA11AI.10155  Amount of Each Receipt this Period  10.00
Full Name (Last, First, Middle Initial) James Wall  Mailing Address 19 Stonegath Road  City  Ballston Lake  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify)	State Zip Code NY 12019  C  Occupation Director  Aggregate Year-to-Date   240.00	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
Full Name (Last, First, Middle Initial) James Wall  Mailing Address 19 Stonegath Road  City  Ballston Lake  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12019  C Occupation Director  Aggregate Year-to-Date  250.00	Date of Receipt    M
SUBTOTAL of Receipts This Page (optional	l) <b>)</b>	30.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 54 (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 person 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) James Wall Mailing Address 19 Stonegath Road  City Ballston Lake  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:	State Zip Code NY 12019  C  Occupation Director  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
Full Name (Last, First, Middle Initial) Tracey Welch Mailing Address 134 Thornberry Lar  City Rensselaer  FEC ID number of contributing	State Zip Code NY 12144	Date of Receipt  1 2 0 3 2 0 1 0  Transaction ID: SA11AI.10169  Amount of Each Receipt this Period  20.00
Receipt For:  Primary  Other (specify)	Occupation  Aggregate Year-to-Date   380.00	
Full Name (Last, First, Middle Initial) Tracey Welch Mailing Address 134 Thornberry Lar  City Rensselaer  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 12144  C  Occupation  Aggregate Year-to-Date ▼  400.00	Date of Receipt    M   M
SUBTOTAL of Receipts This Page (optional	ıl) <b>&gt;</b>	50.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate s for each catego	ory of the
	Detailed Summ	Aary Page X 11a 11b 11c 12 13 14 15 16 [
Any information copied from such Reports and Sor for commercial purposes, other than using the	statements may not be sold or use name and address of any politica	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Tracey Welch		Date of Receipt
Mailing Address 134 Thornberry Lane		12 31 2010
City	State Zip Code	Transaction ID: SA11AI.10170
Rensselaer	NY 12144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	I aggi again i dan to Bato	100 00
Other (specify) ▼	0 0 0 0 0 0	420.00
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.10171
Loudon	NH 03307	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 ▼	420.00
Full Name (Last, First, Middle Initial) Peter Whitehouse		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.10172
Loudon	NH 03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		450.00

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

NAME OF COMMITTEE (In Full MVP Health Care Inc. Fede  Full Name (Last, First, Middle Ini Peter Whitehouse  Mailing Address 16 Oak Hill  City  Loudon  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)  Mailing Address 7 Cypress S  City  Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: General Other (specify)  General Other (specify)  General Other (specify)	Tral PAC  tial)  Drive  State Zip Code NH 03307  C  Occupation  Aggregate Year-to-Date ▼  480.00  State Zip Code NY 12205	Date of Receipt  Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NAME OF COMMITTEE (In Full MVP Health Care Inc. Fede  Full Name (Last, First, Middle Ini Peter Whitehouse  Mailing Address 16 Oak Hill  City  Loudon  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)  Mailing Address 7 Cypress S  City  Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: General Other (specify)  General Other (specify)  General Other (specify)	ral PAC  tial)  Drive  State Zip Code NH 03307  C  Occupation  Aggregate Year-to-Date ▼  480.00  tial)  St  State Zip Code NY 12205	Date of Receipt  Transaction ID: SA11AI.10173  Amount of Each Receipt this Period  30.00  Date of Receipt  Amount of Each Receipt this Period  Transaction ID: SA11AI.10184
Peter Whitehouse  Mailing Address 16 Oak Hill  City  Loudon  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Ini Gale Zdunczyk  Mailing Address 7 Cypress S  City Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify) ▼	State Zip Code NH 03307  C Occupation  Aggregate Year-to-Date ▼  480.00  St State Zip Code NY 12205	M
City Loudon  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Ini Gale Zdunczyk Mailing Address 7 Cypress S  City Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼	State Zip Code NH 03307  C Occupation  Aggregate Year-to-Date ▼  480.00  St State Zip Code NY 12205	1 2   3 0   2 0 1 0     Transaction ID: SA11AI.10173     Amount of Each Receipt this Period   30.00
Loudon  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Inigale Zdunczyk Mailing Address 7 Cypress State of City Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼	NH 03307  C Occupation  Aggregate Year-to-Date ▼  480.00  tial)  State Zip Code NY 12205	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  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Inited Selection	Occupation  Aggregate Year-to-Date ▼  480.00  tial)  State Zip Code NY 12205	Date of Receipt    M   M
Full Name (Last, First, Middle Ini Gale Zdunczyk Mailing Address 7 Cypress S  City Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  480.00  tial)  State Zip Code NY 12205	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Inigale Zdunczyk  Mailing Address 7 Cypress Scity  Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date   480.00  tial)  State Zip Code NY 12205	1 2 1 6 2 0 1 0 Transaction ID: SA11AI.10184
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial Gale Zdunczyk Mailing Address 7 Cypress S  City Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼	tial)  State Zip Code NY 12205	1 2 1 6 2 0 1 0 Transaction ID: SA11AI.10184
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial Gale Zdunczyk Mailing Address 7 Cypress S  City Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼	tial)  State Zip Code NY 12205	1 2 1 6 2 0 1 0 Transaction ID: SA11AI.10184
Full Name (Last, First, Middle Initial Gale Zdunczyk  Mailing Address 7 Cypress S  City  Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State Zip Code NY 12205	1 2 1 6 2 0 1 0 Transaction ID: SA11AI.10184
Gale Zdunczyk  Mailing Address 7 Cypress S  City  Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code NY 12205	1 2 1 6 2 0 1 0 Transaction ID: SA11AI.10184
City Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 12205	1 2 1 6 2 0 1 0  Transaction ID: SA11AI.10184
Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	NY 12205	Transaction ID: SA11AI.10184
FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)		
Receipt For:  Primary  Other (specify) ▼		
Receipt For:  Primary General  Other (specify) ▼	C	10.00
Primary General Other (specify) ▼	Occupation	
	Aggregate Year-to-Date ▼ 205.00	
Full Name (Last, First, Middle Ini Gale Zdunczyk	tial)	Date of Receipt
Mailing Address 7 Cypress S	Dt .	1 2 3 0 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.10185
Albany	NY 12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer	Occupation	1
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	215.00	
CUPTOTAL ACPUISATE THE S	(antique)	50.00
SUBTOTAL of Receipts This Page	e (optional)	

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

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

(Use separate schedule(s)

PAGE 54 / 54 FOR LI

LINE NUMBER:	_	
conly one)		9
	X	10

Excluding Loans	ATIONS		for each numbered line)	(check only one) 9 X 10	
NAME OF COMMITTEE					
	First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose): Check Printing	
Mailing Address P.	O. Box 742572				
City Cincinnati	State OH	ZIP Code 45274			
Outstanding Balan	ce Beginning This Period		Tra	insaction ID: SD10.4163	
	145.00				
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
	0.00	0.00		145.00	
B. Full Name (Last, Media Well Done	First, Middle Initial) of Debtor	or Creditor	Nature of E Advertisin	Debt (Purpose): ng	
Mailing Address 96	Mailing Address 96 Jay Street				
City Schenectady	State NY	ZIP Code 12305			
Outstanding Balan	ce Beginning This Period		Tra	insaction ID: SD10.4165	
	338.00				
Amount Inc	urred This Period	Payment This Period	Outstandi	ng Balance at Close of This Period	
	0.00	0.00		338.00	
1) SUBTOTALS This	Period This Page (optional)		<b>&gt;</b>	483.00	
2) TOTALS This Period	d (last page this line number o	only)	_ >	483.00	
3) TOTAL OUTSTAND	ING LOANS from Schedu	le C (last page only)	<b>&gt;</b>	0.00	
4) ADD 2) and 3) and	carry forward to appropriate li	ne of Summary Page (last page only)	<b>-</b>	483.00	