

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) MVP Health Care Inc. Federal PAC

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

ADDRESS (number and street) 625 State Street Schenectady NY 12305

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00431429

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
July 15 Quarterly Report(Q2)
October 15 Quarterly Report(Q3)
[X] January 31 Quarterly Report(YE)
July 31 Mid-Year Report(Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S), Runoff (12R)

(d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 11 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

Signature of Treasurer Electronically Filed by Mr. Frank Fanshawe Date 01 28 2011

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

Table with 10 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 36764.84 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 40542.34 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 4955.00 | 47780.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 45497.34 | 84544.84 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 12.00 | 39059.50 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 45485.34 | 45485.34 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 483.00 | | | | | | | | | |

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 3 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 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) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 4955.00 | 47780.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 4955.00 | 47780.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 4955.00 | 47780.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 39000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 12.00 | 42.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 12.00 | 42.00 |
| 29. Other Disbursements..... | 0.00 | 17.50 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 12.00 | 39059.50 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 12.00 | 39059.50 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

**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)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Christopher Amorosi
Mailing Address 57 Niskayuna Street
City State Zip Code
Schenectady NY 12306
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Manager, Medicare Sales
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 12 / 30 / 2010
Transaction ID: SA11AI.9853
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Ms. Mary Bianchi
Mailing Address 6 Doris Drive
City State Zip Code
Scotia NY 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Service Corp Occupation VP, Sales Ops
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00
Date of Receipt 12 / 02 / 2010
Transaction ID: SA11AI.9864
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Ms. Mary Bianchi
Mailing Address 6 Doris Drive
City State Zip Code
Scotia NY 12302
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Service Corp Occupation VP, Sales Ops
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00
Date of Receipt 12 / 30 / 2010
Transaction ID: SA11AI.9865
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 70.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 54
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ms. Mary Bianchi

Mailing Address 6 Doris Drive

City State Zip Code
Scotia NY 12302

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MVP Service Corp VP, Sales Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.9866

Amount of Each Receipt this Period 30.00

B.

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

Mailing Address 9 Wembly Court

City State Zip Code
Delmar NY 12054

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MVP Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

Transaction ID: SA11AI.9873

Amount of Each Receipt this Period 20.00

C.

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

Mailing Address 9 Wembly Court

City State Zip Code
Delmar NY 12054

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MVP Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.9874

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) 70.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 9 Wembly Court

City Delmar State NY Zip Code 12054

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 30 / 2010

Transaction ID: SA11AI.9875

Amount of Each Receipt this Period 20.00

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

Mailing Address 285 Willowcrest Drive

City Rochester State NY Zip Code 14618

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

Name of Employer MVP Occupation VP Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 02 / 2010

Transaction ID: SA11AI.9876

Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Carl Cameron

Mailing Address 285 Willowcrest Drive

City Rochester State NY Zip Code 14618

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

Name of Employer MVP Occupation VP Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 16 / 2010

Transaction ID: SA11AI.9877

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 54

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Carl Cameron

Mailing Address 285 Willowcrest Drive

City State Zip Code
Rochester NY 14618

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt M M / D D / Y Y Y Y
12 / 30 / 2010

Transaction ID: SA11AI.9878

Amount of Each Receipt this Period 30.00

B.

Full Name (Last, First, Middle Initial)
Laura Davis

Mailing Address 212 Meriline Ave.

City State Zip Code
Scotia NY 12302

FEC ID number of contributing federal political committee. C

Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt M M / D D / Y Y Y Y
12 / 02 / 2010

Transaction ID: SA11AI.9893

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Laura Davis

Mailing Address 212 Meriline Ave.

City State Zip Code
Scotia NY 12302

FEC ID number of contributing federal political committee. C

Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
12 / 16 / 2010

Transaction ID: SA11AI.9894

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) 70.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 54

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Laura Davis

Mailing Address 212 Meriline Ave.

City State Zip Code
Scotia NY 12302

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

Name of Employer Occupation
MVP Health Care Inc Clinical Pharmacist

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

Date of Receipt

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

Transaction ID: SA11AI.9895

Amount of Each Receipt this Period

| |
|-------|
| 20.00 |
|-------|

B.

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

Mailing Address 7723 Majestic Drive

City State Zip Code
Liverpool NY 13090

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

Name of Employer Occupation
MVP Regional Network Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 870.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 0 | 2 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.9896

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

C.

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

Mailing Address 7723 Majestic Drive

City State Zip Code
Liverpool NY 13090

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

Name of Employer Occupation
MVP Regional Network Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 910.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 1 | 6 | | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.9897

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

SUBTOTAL of Receipts This Page (optional) ▶

| |
|--------|
| 100.00 |
|--------|

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

| |
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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 11 / 54
(check only one)

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

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

A.

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

Mailing Address 7723 Majestic Drive

City State Zip Code
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.9898

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 860.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2010

Transaction ID: SA11AI.9905

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.9906

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 940.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.9907

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Kathleen Fish

Mailing Address 500 Normanskill Place

City State Zip Code
Slingerlands NY 12159

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9916

Amount of Each Receipt this Period
10.00

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

Mailing Address 500 Normanskill Place

City State Zip Code
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1260.00

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

Transaction ID: SA11AI.9917

Amount of Each Receipt this Period
60.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 54
(check only one)

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

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

A.

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1320.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: SA11AI.9918
 Amount of Each Receipt this Period: 60.00

B.

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1380.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: SA11AI.9919
 Amount of Each Receipt this Period: 60.00

C.

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

Mailing Address 166 Jordan Blvd

City Delmar State NY Zip Code 12054

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 12 / 03 / 2010
Transaction ID: SA11AI.9926
 Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 140.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 54

(check only one)

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

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

A.

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

Mailing Address 166 Jordan Blvd

City State Zip Code
Delmar NY 12054

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
410.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 17 / 2010

Transaction ID: SA11AI.9927

Amount of Each Receipt this Period

20.00

B.

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

Mailing Address 166 Jordan Blvd

City State Zip Code
Delmar NY 12054

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
430.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: SA11AI.9928

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Dominic Galante

Mailing Address 220 Alexander Street

City State Zip Code
ROchester NY 14607

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

Name of Employer Occupation
MVP Health Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M / D D / Y Y Y Y
12 / 02 / 2010

Transaction ID: SA11AI.9929

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 54
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dominic Galante

Mailing Address 220 Alexander Street

City State Zip Code
ROchester NY 14607

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

Name of Employer MVP Health Care Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.9930

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Dominic Galante

Mailing Address 220 Alexander Street

City State Zip Code
ROchester NY 14607

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

Name of Employer MVP Health Care Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.9931

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Joyce Gallimore

Mailing Address 3 Bay Crest Drive

City State Zip Code
South Burlington VT 05403

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

Name of Employer MVP Occupation
Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2010

Transaction ID: SA11AI.9935

Amount of Each Receipt this Period
0.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 54

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael Gauci

Mailing Address 329 Mohawk Ave
Apt 4

City State Zip Code
Scotia NY 12302

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 31 / 2010

Transaction ID: SA11AI.9938

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address 75 Robinwood Drive

City State Zip Code
Clifton Park NY 12065

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MVP VP Health Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 02 / 2010

Transaction ID: SA11AI.9939

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 75 Robinwood Drive

City State Zip Code
Clifton Park NY 12065

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
MVP VP Health Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 16 / 2010

Transaction ID: SA11AI.9940

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) 50.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 54
(check only one)

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

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

A.

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

Mailing Address 75 Robinwood Drive

City Clifton Park State NY Zip Code 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 30 / 2010

Transaction ID: SA11AI.9941

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Patrick Glavey

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1740.00

Date of Receipt 12 / 02 / 2010

Transaction ID: SA11AI.9945

Amount of Each Receipt this Period 80.00

C.

Full Name (Last, First, Middle Initial)
Patrick Glavey

Mailing Address 165 Windemere Road

City Rochester State NY Zip Code 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1820.00

Date of Receipt 12 / 16 / 2010

Transaction ID: SA11AI.9946

Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 54 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Patrick Glavey | | Date of Receipt |
| | Mailing Address 165 Windemere Road | | <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Rochester | NY | 14610 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.9947 |
| Name of Employer MVP | | Occupation VP, Medicare Products | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="80.00"/> |
| | | <input type="text" value="1900.00"/> | |

| | | | |
|---|---|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Denise Gonick | | Date of Receipt |
| | Mailing Address 803 Via Marchella | | <input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Schenectady | NY | 12303 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.9948 |
| Name of Employer MVP | | Occupation EVP & Chief Legal Officer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="70.00"/> |
| | | <input type="text" value="1580.00"/> | |

| | | | |
|---|---|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Denise Gonick | | Date of Receipt |
| | Mailing Address 803 Via Marchella | | <input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Schenectady | NY | 12303 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.9949 |
| Name of Employer MVP | | Occupation EVP & Chief Legal Officer | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="70.00"/> |
| | | <input type="text" value="1650.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="220.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 54
(check only one)

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

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

A.

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

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1720.00

Date of Receipt MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.9950

Amount of Each Receipt this Period 70.00

B.

Full 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. **C**

Name of Employer MVP Occupation IT Ombudsman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY
12 / 02 / 2010

Transaction ID: SA11AI.9951

Amount of Each Receipt this Period 10.00

C.

Full 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. **C**

Name of Employer MVP Occupation IT Ombudsman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.9952

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Michael Greppo
Mailing Address 134 Overlook Lane
City Duanesburg State NY Zip Code 12056
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation IT Ombudsman
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 30 / 2010
Transaction ID: SA11AI.9953
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Christopher Henchey
Mailing Address 144 Berry Road
City Loudon State NH Zip Code 03307
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1920.00
Date of Receipt 12 / 02 / 2010
Transaction ID: SA11AI.9957
Amount of Each Receipt this Period 80.00

C. Full Name (Last, First, Middle Initial)
Christopher Henchey
Mailing Address 144 Berry Road
City Loudon State NH Zip Code 03307
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Vice President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00
Date of Receipt 12 / 16 / 2010
Transaction ID: SA11AI.9958
Amount of Each Receipt this Period 80.00

SUBTOTAL of Receipts This Page (optional) ► 170.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 54
(check only one)

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

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

A.

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2080.00

Date of Receipt 12 / 30 / 2010

Transaction ID: SA11AI.9959

Amount of Each Receipt this Period 80.00

B.

Full Name (Last, First, Middle Initial)
Rosemarie Hogan

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 03 / 2010

Transaction ID: SA11AI.9966

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Rosemarie Hogan

Mailing Address 45 Crestwood Drive

City Schenectady State NY Zip Code 12306

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 17 / 2010

Transaction ID: SA11AI.9967

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 54
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Rosemarie Hogan

Mailing Address 45 Crestwood Drive

City State Zip Code
Schenectady NY 12306

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9968

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Gary Hughes

Mailing Address 1602 Bradley Street

City State Zip Code
Schenectady NY 12309

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11AI.9972

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Gary Hughes

Mailing Address 1602 Bradley Street

City State Zip Code
Schenectady NY 12309

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.9973

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 40.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 54
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gary Hughes

Mailing Address 1602 Bradley Street

City State Zip Code
Schenectady NY 12309

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.9974

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2010

Transaction ID: SA11AI.9978

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.9979

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 54 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Kevin Husted | Date of Receipt MM / DD / YYYY 12 / 30 / 2010 |
| | Mailing Address 38 Fox Hill Drive | Transaction ID: SA11AI.9980 |
| | City State Zip Code Fairport NY 14450 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer MVP Occupation VP Information Technology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 780.00 |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dawn Jablonski | Date of Receipt MM / DD / YYYY 12 / 03 / 2010 |
| | Mailing Address 213 Hansen Ave | Transaction ID: SA11AI.9984 |
| | City State Zip Code Albany NY 12208 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 870.00 |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Dawn Jablonski | Date of Receipt MM / DD / YYYY 12 / 17 / 2010 |
| | Mailing Address 213 Hansen Ave | Transaction ID: SA11AI.9985 |
| | City State Zip Code Albany NY 12208 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 910.00 |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 110.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 25 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.9986

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
William John

Mailing Address 5 Sonat Road

City Clifton Park State NY Zip Code 12065

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

Name of Employer Occupation
MVP Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

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

Transaction ID: SA11AI.9990

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
William John

Mailing Address 5 Sonat Road

City Clifton Park State NY Zip Code 12065

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

Name of Employer Occupation
MVP Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.9991

Amount of Each Receipt this Period
10.00

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William John
 Mailing Address 5 Sonat Road
 City Clifton Park State NY Zip Code 12065
 Date of Receipt 12 / 30 / 2010
Transaction ID: SA11AI.9992
 Amount of Each Receipt this Period 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 260.00

B. Full Name (Last, First, Middle Initial)
Barbara Leonard
 Mailing Address 848 DeCamp Avenue
 City Schenectady State NY Zip Code 12309
 Date of Receipt 12 / 02 / 2010
Transaction ID: SA11AI.9999
 Amount of Each Receipt this Period 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 240.00

C. Full Name (Last, First, Middle Initial)
Barbara Leonard
 Mailing Address 848 DeCamp Avenue
 City Schenectady State NY Zip Code 12309
 Date of Receipt 12 / 02 / 2010
Transaction ID: SA11AI.10001
 Amount of Each Receipt this Period 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

SUBTOTAL of Receipts This Page (optional) ► 30.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 54

(check only one)

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

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

A.

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

Mailing Address 848 DeCamp Avenue

City State Zip Code
Schenectady NY 12309

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: SA11AI.10000

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address 848 DeCamp Avenue

City State Zip Code
Schenectady NY 12309

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

Name of Employer MVP Occupation Administrative

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

Date of Receipt

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

Transaction ID: SA11AI.10002

Amount of Each Receipt this Period
10.00

C.

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

Mailing Address 848 DeCamp Avenue

City State Zip Code
Schenectady NY 12309

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: SA11AI.10003

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ▶

30.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 54
(check only one)

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

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

A.

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

Mailing Address 12 Sutherland Drive

City State Zip Code
Highland Mills NY 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

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

Transaction ID: SA11AI.10007

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 12 Sutherland Drive

City State Zip Code
Highland Mills NY 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10008

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 12 Sutherland Drive

City State Zip Code
Highland Mills NY 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10009

Amount of Each Receipt this Period
30.00

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

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

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 54 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) William V. Little | Date of Receipt MM / DD / YYYY 12 / 02 / 2010 |
| | Mailing Address 300 Partridge Lane | Transaction ID: SA11AI.10010 |
| | City State Zip Code Charlotte VT 05445 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) William V. Little | Date of Receipt MM / DD / YYYY 12 / 16 / 2010 |
| | Mailing Address 300 Partridge Lane | Transaction ID: SA11AI.10011 |
| | City State Zip Code Charlotte VT 05445 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) William V. Little | Date of Receipt MM / DD / YYYY 12 / 30 / 2010 |
| | Mailing Address 300 Partridge Lane | Transaction ID: SA11AI.10012 |
| | City State Zip Code Charlotte VT 05445 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) | 90.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 30 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.
Mailing Address 19 Crimson Way
City Webster State NY Zip Code 14580
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Underwriting and Analysis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 960.00
Date of Receipt 12 / 02 / 2010
Transaction ID: SA11AI.10028
Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.
Mailing Address 19 Crimson Way
City Webster State NY Zip Code 14580
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Underwriting and Analysis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 12 / 16 / 2010
Transaction ID: SA11AI.10029
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Carl Maleri, Jr.
Mailing Address 19 Crimson Way
City Webster State NY Zip Code 14580
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Underwriting and Analysis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1040.00
Date of Receipt 12 / 30 / 2010
Transaction ID: SA11AI.10030
Amount of Each Receipt this Period 40.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 54
(check only one)

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

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

A.

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

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2010

Transaction ID: SA11AI.10031

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10032

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.10033

Amount of Each Receipt this Period
30.00

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John McGrath
 Mailing Address 210 Dorchester Road
 City State Zip Code
 Rochester NY 14610
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 1 0
Transaction ID: SA11AI.10039
 Amount of Each Receipt this Period
 10.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Contract Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

B. Full Name (Last, First, Middle Initial)
Laurie Metheny
 Mailing Address 21 Joellen Drive
 City State Zip Code
 Rochester NY 14626
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 2 / 2 0 1 0
Transaction ID: SA11AI.10040
 Amount of Each Receipt this Period
 40.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP, Business Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

C. Full Name (Last, First, Middle Initial)
Laurie Metheny
 Mailing Address 21 Joellen Drive
 City State Zip Code
 Rochester NY 14626
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 1 0
Transaction ID: SA11AI.10041
 Amount of Each Receipt this Period
 40.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation VP, Business Excellence
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 90.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 54
(check only one)

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

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

A.

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

Mailing Address 21 Joellen Drive

City State Zip Code
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.10042

Amount of Each Receipt this Period 40.00

B.

Full Name (Last, First, Middle Initial)
Donna Michele

Mailing Address 24 Kraus Road

City State Zip Code
Albany NY 12203

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY
12 / 02 / 2010

Transaction ID: SA11AI.10043

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
Donna Michele

Mailing Address 24 Kraus Road

City State Zip Code
Albany NY 12203

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10044

Amount of Each Receipt this Period 10.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 54
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donna Michele

Mailing Address 24 Kraus Road

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 30 / 2010

Transaction ID: SA11AI.10045

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
James Morrill

Mailing Address 54 Henderson Road

City Glenmont State NY Zip Code 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 02 / 2010

Transaction ID: SA11AI.10046

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
James Morrill

Mailing Address 54 Henderson Road

City Glenmont State NY Zip Code 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 16 / 2010

Transaction ID: SA11AI.10047

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 54

(check only one)

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

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

| | | | |
|---|--|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) James Morrill | | Date of Receipt |
| | Mailing Address 54 Henderson Road | | <input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Glenmont | NY | 12077 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.10048 |
| | | Amount of Each Receipt this Period | <input type="text" value="50.00"/> |
| Name of Employer MVP | | Occupation EVP, HR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="1300.00"/> |

| | | | |
|---|--|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Kari Mysliwiec | | Date of Receipt |
| | Mailing Address 1 Vitucci Ct | | <input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Cohoes | NY | 12047 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.10049 |
| | | Amount of Each Receipt this Period | <input type="text" value="10.00"/> |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="240.00"/> |

| | | | |
|---|--|------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Kari Mysliwiec | | Date of Receipt |
| | Mailing Address 1 Vitucci Ct | | <input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Cohoes | NY | 12047 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.10050 |
| | | Amount of Each Receipt this Period | <input type="text" value="10.00"/> |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text" value="250.00"/> |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="70.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 54
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kari Mysliwicz

Mailing Address 1 Vitucci Ct

City Cohoes State NY Zip Code 12047

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.10051

Amount of Each Receipt this Period
 10.00

B.

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

Mailing Address 71 East Claremond Drive

City Voorheesville State NY Zip Code 12186

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

Name of Employer MVP Occupation Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

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

Transaction ID: SA11AI.10058

Amount of Each Receipt this Period
 20.00

C.

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

Mailing Address 71 East Claremond Drive

City Voorheesville State NY Zip Code 12186

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

Name of Employer MVP Occupation Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10059

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 54
(check only one)

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

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

A.

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

Mailing Address 71 East Claremond Drive

City Voorheesville State NY Zip Code 12186

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

Name of Employer MVP Occupation Director of Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt 12 / 30 / 2010

Transaction ID: SA11AI.10060

Amount of Each Receipt this Period 20.00

B.

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 02 / 2010

Transaction ID: SA11AI.10061

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 16 / 2010

Transaction ID: SA11AI.10062

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 30 / 2010

Transaction ID: SA11AI.10063

Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Everret Patterson

Mailing Address 285 Pinebrook Drive

City Hyde Park State NY Zip Code 12538

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

Name of Employer MVP Occupation Regional Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 03 / 2010

Transaction ID: SA11AI.10064

Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Everret Patterson

Mailing Address 285 Pinebrook Drive

City Hyde Park State NY Zip Code 12538

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

Name of Employer MVP Occupation Regional Sales Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 17 / 2010

Transaction ID: SA11AI.10065

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 54
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Everret Patterson

Mailing Address 285 Pinebrook Drive

City State Zip Code
Hyde Park NY 12538

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

Name of Employer MVP Occupation Regional Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.10066

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address 4315 Buckingham Drive

City State Zip Code
Schenectady NY 12304

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

Name of Employer MVP Occupation Change Manager (IT)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10069

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Donald Rahn

Mailing Address 931 Northumberland Dr.

City State Zip Code
Niskayuna NY 12309

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.10082

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **40.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 54
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Donald Rahn

Mailing Address 931 Northumberland Dr.

City State Zip Code
Niskayuna NY 12309

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
12 / 17 / 2010

Transaction ID: SA11AI.10083

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Donald Rahn

Mailing Address 931 Northumberland Dr.

City State Zip Code
Niskayuna NY 12309

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: SA11AI.10084

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Aneli Rivera-Platt

Mailing Address 215 Dunrovin Lane

City State Zip Code
Rochester NY 14618

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

Name of Employer Occupation
MVP HR Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2010

Transaction ID: SA11AI.10094

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **50.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Aneli Rivera-Platt
Mailing Address 215 Dunrovin Lane
City Rochester State NY Zip Code 14618
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation HR Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 12 / 17 / 2010
Transaction ID: SA11AI.10095
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Aneli Rivera-Platt
Mailing Address 215 Dunrovin Lane
City Rochester State NY Zip Code 14618
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation HR Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.10096
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Ellen Runyon
Mailing Address 625 State Street
City Schenectady State NY Zip Code 12047
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP of E Business
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00
Date of Receipt: 12 / 02 / 2010
Transaction ID: SA11AI.10100
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 40.00
TOTAL This Period (last page this line number only) ►

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 54 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Ellen Runyon | Date of Receipt |
| | Mailing Address 625 State Street | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 6 / 2 0 1 0 |
| | City State Zip Code Schenectady NY 12047 | Transaction ID: SA11AI.10101 |
| | FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 20.00 |
| | Name of Employer MVP Occupation VP of E Business Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 500.00 | |

| | | |
|-----------|--|--|
| B. | Full Name (Last, First, Middle Initial) Ellen Runyon | Date of Receipt |
| | Mailing Address 625 State Street | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 0 / 2 0 1 0 |
| | City State Zip Code Schenectady NY 12047 | Transaction ID: SA11AI.10102 |
| | FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 20.00 |
| | Name of Employer MVP Occupation VP of E Business Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 520.00 | |

| | | |
|-----------|---|--|
| C. | Full Name (Last, First, Middle Initial) Thomas Ryan | Date of Receipt |
| | Mailing Address 24 Bluestone Ridge | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 3 / 2 0 1 0 |
| | City State Zip Code Clifton Park NY 12065 | Transaction ID: SA11AI.10103 |
| | FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | Amount of Each Receipt this Period <input type="text"/> 30.00 |
| | Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 720.00 | |

| | |
|--|----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 70.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 43 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 24 Bluestone Ridge

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: SA11AI.10104

Amount of Each Receipt this Period
30.00

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

Mailing Address 24 Bluestone Ridge

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.10105

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

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

Transaction ID: SA11AI.10106

Amount of Each Receipt this Period
30.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 54
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer MVP Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10107

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Daniel Sauer

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer MVP Occupation VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
MM / DD / YYYY
12 / 30 / 2010

Transaction ID: SA11AI.10108

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Margaret Stevenson

Mailing Address 3968 Thrush Ln

City State Zip Code
Liverpool NY 13090

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
12 / 03 / 2010

Transaction ID: SA11AI.10124

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **70.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 54

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)

Margaret Stevenson

Mailing Address 3968 Thrusn Ln

City State Zip Code
Liverpool NY 13090

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11AI.10125

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Margaret Stevenson

Mailing Address 3968 Thrusn Ln

City State Zip Code
Liverpool NY 13090

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

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

Transaction ID: SA11AI.10126

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

David Stitt

Mailing Address 684 Macelroy Road

City State Zip Code
Ballston Spa NY 12019

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

Name of Employer Occupation
MVP Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

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

Transaction ID: SA11AI.10127

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) ►

30.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 54
(check only one)

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

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

A.

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

Mailing Address 684 Macelroy Road

City State Zip Code
Ballston Spa NY 12019

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

Name of Employer MVP Occupation Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.10128

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address 684 Macelroy Road

City State Zip Code
Ballston Spa NY 12019

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

Name of Employer MVP Occupation Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10129

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 870.00

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

Transaction ID: SA11AI.10130

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 / 54 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Tracy Tadar-Ott | Date of Receipt MM / DD / YYYY 12 / 16 / 2010 |
| | Mailing Address 33 Everett Drive | Transaction ID: SA11AI.10131 |
| | City State Zip Code Rochester NY 14624 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer MVP Occupation VP, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 910.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Tracy Tadar-Ott | Date of Receipt MM / DD / YYYY 12 / 30 / 2010 |
| | Mailing Address 33 Everett Drive | Transaction ID: SA11AI.10132 |
| | City State Zip Code Rochester NY 14624 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer MVP Occupation VP, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 950.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) John Vangraafeiland | Date of Receipt MM / DD / YYYY 12 / 02 / 2010 |
| | Mailing Address 85 Pinehurst Place | Transaction ID: SA11AI.10145 |
| | City State Zip Code Middletown CT 06457 | Amount of Each Receipt this Period 40.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer MVP Occupation CIO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 870.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 120.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 54
(check only one)

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

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

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) John Vangraafeiland | | Date of Receipt MM / DD / YYYY 12 / 16 / 2010 |
| Mailing Address 85 Pinehurst Place | | Transaction ID: SA11AI.10146 |
| City Middletown | State CT | Zip Code 06457 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer MVP | Occupation CIO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 910.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) John Vangraafeiland | | Date of Receipt MM / DD / YYYY 12 / 30 / 2010 |
| Mailing Address 85 Pinehurst Place | | Transaction ID: SA11AI.10149 |
| City Middletown | State CT | Zip Code 06457 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 40.00 |
| Name of Employer MVP | Occupation CIO | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 950.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Shanon Vollmer | | Date of Receipt MM / DD / YYYY 12 / 02 / 2010 |
| Mailing Address 30 Wilton Court | | Transaction ID: SA11AI.10150 |
| City Clifton Park | State NY | Zip Code 12065 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 720.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 110.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 54

(check only one)

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

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

A.

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

Mailing Address 30 Wilton Court

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation
MVP Associate Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.10151

Amount of Each Receipt this Period

30.00

B.

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

Mailing Address 30 Wilton Court

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation
MVP Associate Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00

Date of Receipt

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

Transaction ID: SA11AI.10152

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)
Matthew Walkuski

Mailing Address 11 Lillian Drive

City State Zip Code
Scotia NY 12302

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

Name of Employer Occupation
MVP Health Care

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 206.00

Date of Receipt

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

Transaction ID: SA11AI.10154

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 54
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Matthew Walkuski

Mailing Address 11 Lillian Drive

City State Zip Code
Scotia NY 12302

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

Name of Employer MVP Health Care Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2010

Transaction ID: SA11AI.10155

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
James Wall

Mailing Address 19 Stonegath Road

City State Zip Code
Ballston Lake NY 12019

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

Name of Employer MVP Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2010

Transaction ID: SA11AI.10156

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
James Wall

Mailing Address 19 Stonegath Road

City State Zip Code
Ballston Lake NY 12019

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

Name of Employer MVP Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2010

Transaction ID: SA11AI.10157

Amount of Each Receipt this Period
10.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 54
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
James Wall

Mailing Address 19 Stonegath Road

City State Zip Code
Ballston Lake NY 12019

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

Name of Employer MVP Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.10158

Amount of Each Receipt this Period
10.00

B.

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

Mailing Address 134 Thornberry Lane

City State Zip Code
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 1 0

Transaction ID: SA11AI.10169

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 134 Thornberry Lane

City State Zip Code
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: SA11AI.10166

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 54
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 134 Thornberry Lane

City Rensselaer State NY Zip Code 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 12 / 31 / 2010
Transaction ID: SA11AI.10170
 Amount of Each Receipt this Period: 20.00

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

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 12 / 02 / 2010
Transaction ID: SA11AI.10171
 Amount of Each Receipt this Period: 30.00

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

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: SA11AI.10172
 Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ► 80.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 54
(check only one)

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

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

A.

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

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: SA11AI.10173
Amount of Each Receipt this Period: 30.00

B.

Full Name (Last, First, Middle Initial)
Gale Zdunczyk

Mailing Address 7 Cypress St

City Albany State NY Zip Code 12205

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 12 / 16 / 2010
Transaction ID: SA11AI.10184
Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
Gale Zdunczyk

Mailing Address 7 Cypress St

City Albany State NY Zip Code 12205

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: SA11AI.10185
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

TOTAL This Period (last page this line number only) ▶ 3920.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 54 / 54 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

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

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

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

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

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