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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines MVP Health Care Inc. Federal PAC 625 State Street ADDRESS (number and street) Check if different than previously Schenectady NY 12305 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00431429 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year Х (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2009 06 3 0 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Frank Fanshawe Type or Print Name of Treasurer Electronically Filed by Mr. Frank Fanshawe 07 15 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 87

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

FEC Form 3X (Rev. 02/2003)

R	report Covering the Period: From:	01 2009	To: 0 6 3 0 2 0 0 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		19923.84
	(b) Cash on Hand at Begining of Reporting Period	19923.84	
	(c) Total Receipts (from Line 19)	20418.00	20418.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40341.84	40341.84
7.	Total Disbursements (from Line 31)	19410.00	19410.00
8.	Cash on Hand at Close of		
	Reporting Period (subtract Line 7 from Line 6(d))	20931.84	20931.84
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	483.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 87

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period:

From:

M M D D D 0 1

2009

та.

м м 0 6 D D D

Y Y Y Y Y 2 0 0 9

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	11718.00	11718.00
	(ii) Unitemized	8700.00	8700.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	20418.00	20418.00
(k	p) Political Party Committees	0.00	0.00
,	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20418.00	20418.00
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	II Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(0	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(k	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	20418.00	20418.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	20418.00	20418.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(i) i ederal Strate	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
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committeesand Other Political Committees	18100.00	18100.00
	Independent Expenditure		
	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	16.00	16.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	16.00	16.00
	Other Disbursements	1294.00	1294.00
	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
•	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	19410.00	19410.00
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 87

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) from Line 11(d), page 3)	20418.00	20418.00
Total Contribution Refunds (from Line 28(d))	16.00	16.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	20402.00	20402.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6/8/ (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		· · ·	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi			Date of Receipt
Mailing Address 6 Doris Drive	03 26 2009		
City	Transaction ID: SA11AI.5582		
Scotia FEC ID number of contributing federal political committee.	C	12302	Amount of Each Receipt this Period 30.00
Name of Employer MVP Service Corp	Occupation VP, Sale		
Receipt For: Primary General Other (specify) ▼	 	Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi	Date of Receipt		
Mailing Address 6 Doris Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Scotia	State NY	Transaction ID: SA11AI.5662	
FEC ID number of contributing federal political committee.	ontributing		Amount of Each Receipt this Period 30.00
Name of Employer MVP Service Corp Occupation VP, Sales Ops			
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi			Date of Receipt
Mailing Address 6 Doris Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5737
Scotia NY FEC ID number of contributing federal political committee.		12302	Amount of Each Receipt this Period 30.00
Name of Employer MVP Service Corp VP, Sales Ope			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5809 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date 330.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date ▼ 360.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than use NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	s and Statements may not be sold or used by any personsing the name and address of any political committee to PAC	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date ▼ 390.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens P City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 12303 C Occupation VP & chief Actuary Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens P City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary Other (specify)		Date of Receipt M M M / D D / Y Y Y Y Y O 3
SUBTOTAL of Receipts This Page (opt	ional)	110.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and S for commercial purposes, other than using the	statements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place	04 09 2009	
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.5644 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP & chief Actuary	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
	Full Name (Last, First, Middle Initial) Charles Bloss	Date of Receipt	
	Mailing Address 708 Stephens Place	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
	City	State Zip Code	Transaction ID: SA11AI.5718
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP & chief Actuary	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	360.00	
	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place	05 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.5834
	Schenectady 550 ID and the street services and the street services and the street services are street services.	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP & chief Actuary	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)		120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State Zip Code NY 12303 C Occupation VP & chief Actuary Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Charles Bloss	440.00	Date of Receipt
Mailing Address 708 Stephens Place City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP & chief Actuary Aggregate Year-to-Date 480.00	
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place		Date of Receipt
City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.6055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP & chief Actuary Aggregate Year-to-Date 520.00	
SUBTOTAL of Receipts This Page (optional) .		120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Linda Borges Mailing Address 627 Salvia Lane City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation Director of Compliance Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Teresa Briggs Mailing Address 710 Western Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12203 C Occupation Medical Director Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date 220.00	Date of Receipt M M M / D D / Y Y Y Y Y D D D D / Y Y Y Y Y D D D D / Y Y Y Y Y D D D D D / Y Y Y Y Y D D D D D D D / Y Y Y Y Y D D D D D D D D D D D D D D D
SUBTOTAL of Receipts This Page (optional)		520.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for com	mercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) Health Care Inc. Federal PAC			
	ame (Last, First, Middle Initial) nn Brown			Date of Receipt
	g Address 9 Wembly Court	0 6 0 4 2 0 0 9		
City Delm	ar	State NY	Zip Code 12054	Transaction ID: SA11AI.5967 Amount of Each Receipt this Period
FEC II	O number of contributing I political committee.	C	12004	20.00
Name MVP	of Employer	Occupation Administ		
	ot For: Primary General Other (specify) ▼	_	e Year-to-Date ▼ 240.00	
B. Sue Ar	ame (Last, First, Middle Initial) In Brown	Date of Receipt		
	g Address 9 Wembly Court	06 18 2009		
City		State	Transaction ID: SA11AI.6040	
	ar D number of contributing political committee.	NY C	12054	Amount of Each Receipt this Period 20.00
Name MVP	of Employer	Occupation Administ		
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
	ame (Last, First, Middle Initial) a A. Brubaker			Date of Receipt
Mailing	Mailing Address 9 Mile Post Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Pittsf</u>	ord	State NY	Zip Code 14534	Transaction ID: SA11AI.5934 Amount of Each Receipt this Period
	O number of contributing political committee.	C		1000.00
Name MVP S	of Employer Gervice Corp	Occupation EVP Roc	n chester/Government Progran	ns
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOT	TAL of Receipts This Page (optional)			1040.00
	This Period (last page this line number of		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 87 (check only one) X		
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements mand add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
	Carl Cameron				
City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14618	Transaction ID: SA11AI.5576 Amount of Each Receipt this Period 30.00		
Name of Employer MVP Receipt For: Primary General Other (specify) ▼		n cal Director e Year-to-Date 210.00			
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Driv	Date of Receipt 0 4 0 9 2 0 0 9				
City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14618	Transaction ID: SA11AI.5689 Amount of Each Receipt this Period 30.00		
Name of Employer MVP Receipt For: Primary General Other (specify) ▼		n cal Director e Year-to-Date 240.00]		
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Driv	Carl Cameron				
City Rochester FEC ID number of contributing federal political committee.	State NY	Zip Code 14618	Transaction ID: SA11AI.5762 Amount of Each Receipt this Period 30.00		
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	- 	n cal Director e Year-to-Date ▼ 270.00			
SUBTOTAL of Receipts This Page (optional)			90.00		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 87 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Driv	ve	Date of Receipt 0 5 0 7 2 0 0 9
City Rochester	State Zip Code NY 14618	Transaction ID: SA11AI.5791 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP Medical Director Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Driv	ve	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5910
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Driv	ve	Date of Receipt
City	State Zip Code	0 6 0 4 2 0 0 9 Transaction ID: SA11AI.5938
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional		90.00

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Page 1	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest City	Drive State Zip Code	Date of Receipt M M M / D D N Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rochester FEC ID number of contributing federal political committee.	NY 14618	Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP Medical Director Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Dr	ive	Date of Receipt 0 3 2 6 2 0 0 9
City <u>Liverpool</u> FEC ID number of contributing federal political committee.	State Zip Code NY 13090	Transaction ID: SA11Al.5605 Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation Regional Network Director Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Dr	ive	Date of Receipt 0 4 0 9 2 0 0 9
City Liverpool	State Zip Code NY 13090	Transaction ID: SA11AI.5660 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (option	onal)	90.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 87 (check only one) X
Any information copied from such Repor or for commercial purposes, other than use NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	ts and Statements may not be sold or used by any perso sing the name and address of any political committee to	n for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic D		04 23 2009
City <u>Liverpool</u>	State Zip Code NY 13090	Transaction ID: SA11AI.5735
FEC ID number of contributing federal political committee.	C 15090	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic E	Orive	05 07 2009
City	State Zip Code	Transaction ID: SA11AI.5807
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Patricia Deferio	-	Date of Receipt
Mailing Address 7723 Majestic D	Orive	05 / 21 / 2009
City	State Zip Code	Transaction ID: SA11AI.5884
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
SURTOTAL of Receipts This Page (on	tional)	90.00

ITEMIZED RECEIPTS	~)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17/87 (check only one) X
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	,		
Full Name (Last, First, Middle Initial) Patricia Deferio			Date of Receipt
Mailing Address 7723 Majestic Drive	e		0 6 0 4 2 0 0 9
City Liverpool	State NY	Zip Code 13090	Transaction ID: SA11AI.5953 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupation Regional	n Network Director	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Patricia Deferio			Date of Receipt
Mailing Address 7723 Majestic Drive	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Liverpool	State NY	Zip Code 13090	Transaction ID: SA11AI.6047 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15050	30.00
Name of Employer MVP	Occupation	n Network Director	
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Cameron Erickson			Date of Receipt
Mailing Address 37 Doorstone Drive	South		0 1 2 9 2 0 0 9
City Latham	State NY	Zip Code 12110	Transaction ID: SA11AI.5332
FEC ID number of contributing federal political committee.	C	12110	Amount of Each Receipt this Period 0.00
Name of Employer MVP	Occupation Project M		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ -16.00	
SUBTOTAL of Receipts This Page (optional	al)		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 18 / 87 (check only one) X
A 0	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be e name and address of	e sold or used by any persof any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
۷.	Full Name (Last, First, Middle Initial) Cameron Erickson			Date of Receipt
	Mailing Address 37 Doorstone Drive S			02 26 2009
	City Latham		ip Code 2110	Transaction ID: SA11AI.5442
	FEC ID number of contributing federal political committee.	C	2110	Amount of Each Receipt this Period 4.00
	Name of Employer MVP	Occupation Project Manag	er	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-		
. –	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe	I		Date of Receipt
	Mailing Address 430 Ridgehill Road			03 26 2009
	City		ip Code	Transaction ID: SA11AI.5619
	Schenectady	<u>NY 1</u>	2303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation Treasurer		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 210.00	
	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe	I		Date of Receipt
	Mailing Address 430 Ridgehill Road			0 4 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Z	ip Code	Transaction ID: SA11AI.5656
	Schenectady	<u>NY 1</u>	2303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation Treasurer		
	Receipt For: Primary General Other (specify)	Aggregate Year-	to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional) .			64.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 87 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 12303 C Occupation Treasurer Aggregate Year-to-Date ▼	Date of Receipt M M D D 2 3 2 0 0 9
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee.	State Zip Code NY 12303	Date of Receipt M M M O D D O O O O O O O O O O O O O O
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Treasurer Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady	State Zip Code NY 12303	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer MVP	Occupation	30.00
Receipt For: Primary General Other (specify)	Treasurer Aggregate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any p e name and address of any political committe	erson for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City	State Zip Code	Date of Receipt O 6 O 4 Transaction ID: SA11AI.5949
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Treasurer Aggregate Year-to-Date 360.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt M
City	State Zip Code	Transaction ID: SA11Al.6016
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation Treasurer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Plac	е	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Slingerlands</u>	State Zip Code NY 12159	Transaction ID: SA11AI.5521 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation EVP Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	•
		100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 87 (check only one) X
A	ny information copied from such Reports and Starfor commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City	State Zip Code	Date of Receipt M
	Slingerlands FEC ID number of contributing federal political committee.	NY 12159	Amount of Each Receipt this Period 40.00
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation EVP Network Management Aggregate Year-to-Date 280.00	
3.	Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		Date of Receipt 0 4 0 9 2 0 0 9
	City Slingerlands FEC ID number of contributing	State Zip Code NY 12159	Transaction ID: SA11AI.5663 Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
	Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		Date of Receipt 0 4 2 3 2 0 0 9
	City Slingerlands FEC ID number of contributing	State Zip Code NY 12159	Transaction ID: SA11AI.5738 Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
	L SUBTOTAL of Receipts This Page (optional)		120.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22/8/ (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any pers	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Pl	ace	05 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.5810 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation EVP Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Pl	lace	05 21 7 2009
City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.5887 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation EVP Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Mark Fish	I	Date of Receipt
Mailing Address 500 Normanskill Pl	ace	0 6 0 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5956
Slingerlands FEC ID number of contributing federal political committee.	NY 12159	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation EVP Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (options	al)	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 87 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Slingerlands FEC ID number of contributing federal political committee.	NY 12159	Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation EVP Network Management Aggregate Year-to-Date 520.00	
Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane	I.	Date of Receipt 0 3 1 2 2 0 0 9
City W. Hartford FEC ID number of contributing federal political committee.	State Zip Code CT 06117	Transaction ID: SA11AI.5495 Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Exec VP Aggregate Year-to-Date 240.00	1
Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane		Date of Receipt 0 3 2 6 2 0 0 9
City W. Hartford FEC ID number of contributing federal political committee.	State Zip Code CT 06117	Transaction ID: SA11AI.5574 Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General	Occupation Exec VP Aggregate Year-to-Date	
Other (specify) SUBTOTAL of Receipts This Page (optional)	280.00	120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 87 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane City	State Zip Code	Date of Receipt 0 4 0 9 2 0 0 9 Transaction ID: SA11AI.5691
W. Hartford FEC ID number of contributing federal political committee.	CT 06117	Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Exec VP Aggregate Year-to-Date 320.00	
Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5765
W. Hartford FEC ID number of contributing federal political committee.	CT 06117	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation Exec VP	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
Mailing Address 8 Wendy Lane		05 07 2009
City <u>W</u> . Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.5837 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Exec VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional		120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane City	State Zip Code	Date of Receipt 0 5 2 1 2 0 0 9 Transaction ID: SA11AI.5863
W. Hartford FEC ID number of contributing federal political committee.	CT 06117	Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Exec VP Aggregate Year-to-Date 440.00	
Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City W. Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.5983
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation Exec VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
Mailing Address 8 Wendy Lane		0 6 1 8 2 0 0 9
City W. Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.6057 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Exec VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optional	n	120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
Mailing Address 75 Robinwood Drive)	05 21 2009
City	State Zip Code	Transaction ID: SA11AI.5864
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP Health Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Bill Geddings	L	Date of Receipt
Mailing Address 75 Robinwood Drive)	0 6 0 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5982
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP Health Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
Mailing Address 75 Robinwood Drive	3	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Clifton Park</u>	State Zip Code NY 12065	Transaction ID: SA11AI.6059 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP Health Services	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional))	60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any per- ne name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road	d	02 12 2009
City Rochester	State Zip Code NY 14610	Transaction ID: SA11AI.5412 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Roa		02 26 2009
City	State Zip Code	Transaction ID: SA11AI.5455
Rochester FEC ID number of contributing federal political committee.	NY 14610	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Patrick Glavey	<u> </u>	Date of Receipt
Mailing Address 165 Windemere Roa	d	03 12 2009
City Rochester	State Zip Code NY 14610	Transaction ID: SA11AI.5510 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SUBTOTAL of Receipts This Page (optional)	-	180.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28/8/ (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Roa	ad		03 26 2009
City Rochester	State NY	Zip Code 14610	Transaction ID: SA11AI.5604 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer MVP	Occupation VP, Medi	n care Products	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Patrick Glavey	 		Date of Receipt
Mailing Address 165 Windemere Roa	ad		0 4 0 9 2 0 0 9
City Rochester	State NY	Zip Code 14610	Transaction ID: SA11AI.5659 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11010	60.00
Name of Employer MVP	Occupation VP Medi	n care Products	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Roa	ad		0 4 2 3 2 0 0 9
City Rochester	State NY	Zip Code	Transaction ID: SA11AI.5734
FEC ID number of contributing federal political committee.	C	14610	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation VP, Medi	n care Products	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 540.00	
SUBTOTAL of Receipts This Page (optional)		180.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 87 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	 y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Road	i		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5806
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer MVP	Occupatio VP. Med	n icare Products	
Receipt For:	- 	e Year-to-Date ▼	_
Primary General Other (specify) ▼	.55.59410	600.00	
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Road	İ		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5883
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer MVP	Occupatio VP, Med	n icare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Road	İ		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.5952
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer MVP	Occupatio VP, Med	n icare Products	
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	720.00	
	1		180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 8 / (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		,,,	
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Roa	ad		M M / D D / Y Y Y Y Y O O O O
City Rochester	State NY	Zip Code 14610	Transaction ID: SA11AI.6046 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	17010	60.00
Name of Employer MVP	Occupatio VP. Med	n icare Products	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) Denise Gonick	<u> </u>		Date of Receipt
Mailing Address 803 Via Marchella			0 2 1 2 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.5380
Schenectady FEC ID number of contributing federal political committee.	NY C	12303	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupatio	n hief Legal Officer	
Receipt For: Primary General Other (specify) ▼	- ' '	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.5476 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	60.00
Name of Employer MVP	Occupatio EVP & C	n hief Legal Officer	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional			180.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 87 (check only one) X 11a 11b 11c 12
or for commercial purposes, other than using	and Statements may not be sold or used by any persong the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	C C	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address - 200 Nr. May L. III		Date of Receipt
Mailing Address 803 Via Marchella City	State Zip Code	0 3 1 2 2 0 0 9 Transaction ID: SA11Al.5526
<u>Schenectady</u>	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP & Chief Legal Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		03 / 26 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5622
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation EVP & Chief Legal Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella	A	04 / 09 / Y Y Y Y Y Y Y
City <u>Schenectady</u>	State Zip Code NY 12303	Transaction ID: SA11AI.5680
FEC ID number of contributing federal political committee.	C 12303	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation EVP & Chief Legal Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (option	nal)	180.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 87 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella	Otata 7:n Oada	04 23 2009
City <u>Schenectady</u>	State Zip Code NY 12303	Transaction ID: SA11AI.5755 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP & Chief Legal Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		05 07 YYYY 2009
City	State Zip Code	Transaction ID: SA11AI.5827
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation EVP & Chief Legal Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.5903 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP & Chief Legal Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
SUBTOTAL of Receipts This Page (optional)		180.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 87 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAG	nd Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella		Date of Receipt
City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.5973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation EVP & Chief Legal Officer Aggregate Year-to-Date 720.00	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella		Date of Receipt 0 6 1 8 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.6019
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP & Chief Legal Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) Gale Harris	'	Date of Receipt
Mailing Address 19 Heritage Pkwy		05 20 2009
City	State Zip Code	Transaction ID: SA11AI.5860
Glenville FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period 250.00
Name of Employer MVP	Occupation Director, UM	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	370.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 87 (check only one) X
A oı	ny information copied from such Reports and a for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۷.	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		01 29 2009
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.5297
	FEC ID number of contributing federal political committee.	C 03307	Amount of Each Receipt this Period 80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
- s.	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.5420
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 320.00	
	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.5465
	Loudon FEC ID number of contributing federal political committee.	NH 03307	Amount of Each Receipt this Period 80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .		240.00

	EDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any in or for o	formation copied from such Reports and S commercial purposes, other than using the	tatements may not be sold or used by any po name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) /P Health Care Inc. Federal PAC		
	l Name (Last, First, Middle Initial) ristopher Henchey		Date of Receipt
	iling Address 144 Berry Road		03 12 2009
City	y udon	State Zip Code NH 03307	Transaction ID: SA11AI.5534
FE	C ID number of contributing eral political committee.	C	Amount of Each Receipt this Period 80.00
Na MV	me of Employer /P	Occupation Vice President	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
	Name (Last, First, Middle Initial) ristopher Henchey	I	Date of Receipt
Ma	iling Address 144 Berry Road		03 26 2009
City	У	State Zip Code	Transaction ID: SA11AI.5612
<u>Lo</u>	udon	NH 03307	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C	80.00
Na M\	me of Employer /P	Occupation Vice President	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
	I Name (Last, First, Middle Initial) ristopher Henchey		Date of Receipt
Ma	iling Address 144 Berry Road		04 09 7 909
City		State Zip Code	Transaction ID: SA11AI.5645
FE	udon C ID number of contributing eral political committee.	NH 03307	Amount of Each Receipt this Period 80.00
Na MV	me of Employer /P	Occupation Vice President	
Re	ceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 640.00	
CUBT	TOTAL of Possints This Page (optional)		240.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
,	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \.	MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		04 23 7 2009
	City	State Zip Code NH 03307	Transaction ID: SA11AI.5719
	Loudon FEC ID number of contributing federal political committee.	NH 03307	Amount of Each Receipt this Period 80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 720.00	
3.	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt
		7.0.1	05 07 2009
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.5833 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 800.00	
	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.5867
	Loudon FEC ID number of contributing federal political committee.	NH 03307	Amount of Each Receipt this Period 80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	
	SUBTOTAL of Receipts This Page (optional)		240.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 87 (check only one) X
ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and addre	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial) Christopher Henchey			Date of Receipt
Mailing Address 144 Berry Road			06 04 2009
City Loudon	State NH	Zip Code 03307	Transaction ID: SA11AI.5979 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00007	80.00
Name of Employer MVP	Occupation Vice Presiden	dent	
Receipt For: Primary General Other (specify) ▼	- '	/ear-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial) Christopher Henchey			Date of Receipt
Mailing Address 144 Berry Road			06 18 2009
City	State	Zip Code	Transaction ID: SA11AI.6053
Loudon	NH	03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer MVP	Occupation Vice Presid	dent	
Receipt For:	Aggregate Y	'ear-to-Date ▼	
Primary General Other (specify) ▼		1040.00	
Full Name (Last, First, Middle Initial) David Henderson			Date of Receipt
Mailing Address 1 Loudon Heights			02 12 2009
City	State	Zip Code	Transaction ID: SA11Al.5416
Loudonville	NY	12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer MVP		s and Marketing	
Receipt For: Primary General	Aggregate Y	'ear-to-Date ▼	_
Other (specify)		240.00	
SUBTOTAL of Receipts This Page (optional)			220.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 300.00	Date of Receipt M M M / D D / Y Y Y Y Y O 2 6 / 2 0 0 9 Transaction ID: SA11AI.5439 Amount of Each Receipt this Period 60.00
В.	Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date 360.00	Date of Receipt M M M / D D / Y Y Y Y Y Y 1 2 0 0 9 Transaction ID: SA11AI.5529 Amount of Each Receipt this Period 60.00
C .	Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 420.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of	·	180.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights		Date of Receipt
Mailing Address 1 Loudon Heights		04 09 2009
City	State Zip Code	Transaction ID: SA11AI.5684
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP, Sales and Marketing	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) David Henderson	1	Date of Receipt
Mailing Address 1 Loudon Heights		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.5757
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP, Sales and Marketing	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5829
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP, Sales and Marketing	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		180.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۷.	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		05 21 2009
	City Loudonville	State Zip Code NY 12211	Transaction ID: SA11AI.5905
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	7
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		06 04 2009
	City	State Zip Code	Transaction ID: SA11AI.5975
	Loudonville	NY 12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00]
	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		06 18 2009
	City Loudonville	State Zip Code NY 12211	Transaction ID: SA11AI.6021
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
Г			180.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 87 (check only one) X
4	r for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		03 26 2009
	City Macedon	State Zip Code NY 14502	Transaction ID: SA11AI.5586 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp.	Occupation VP Medicaid & Safety Net	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
- 3.	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		0 4
	City	State Zip Code	Transaction ID: SA11AI.5648
	Macedon FEC ID number of contributing federal political committee.	NY 14502	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp.	Occupation VP Medicaid & Safety Net	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
. –	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		04 23 2009
	City	State Zip Code	Transaction ID: SA11AI.5722
	Macedon FEC ID number of contributing federal political committee.	NY 14502	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp.	Occupation VP Medicaid & Safety Net	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		1	90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	nd Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kim Ann Hess Mailing Address 237 Jacobs Road City Macedon FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify)	State Zip Code NY 14502 C Occupation VP Medicaid & Safety Net Aggregate Year-to-Date 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kim Ann Hess Mailing Address 237 Jacobs Road City Macedon FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify)	State Zip Code NY 14502 C Occupation VP Medicaid & Safety Net Aggregate Year-to-Date 330.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kim Ann Hess Mailing Address 237 Jacobs Road City Macedon FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify)	State Zip Code NY 14502 C Occupation VP Medicaid & Safety Net Aggregate Year-to-Date 360.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	ıl) >	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kim Ann Hess Mailing Address 237 Jacobs Road City Macedon FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp. Receipt For: Primary General Other (specify)	State Zip Code NY 14502 C Occupation VP Medicaid & Safety Net Aggregate Year-to-Date 390.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date 240.00	Date of Receipt M M O 9 2009 Transaction ID: SA11Al.5649 Amount of Each Receipt this Period 30.00
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date 270.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.5723 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date 330.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		06 04 2009
	City Fairport	State Zip Code NY 14450	Transaction ID: SA11AI.5942 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		0 6 1 8 2 0 0 9
	City	State Zip Code	Transaction ID: SA11Al.6027
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
_	Full Name (Last, First, Middle Initial) David Kadish		Date of Receipt
	Mailing Address 44 Surrey Mall		06 08 YYYYY 2009
	City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.6006
	FEC ID number of contributing federal political committee.	C 12139	Amount of Each Receipt this Period 300.00
	Name of Employer MVP	Occupation VP Contracts	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Γ,	SUBTOTAL of Receipts This Page (optional)		360.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any pers he name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 14534 C Occupation	Date of Receipt M M
Receipt For: Primary General Other (specify)	VP Finance Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar		Date of Receipt 0 4 0 9 2 0 0 9
City	State Zip Code	Transaction ID: SA11Al.5679
Pittsford FEC ID number of contributing federal political committee.	NY 14534	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dennis Kant		Date of Receipt
Mailing Address 11 White Briar		04 23 2009
City Pittsford	State Zip Code NY 14534	Transaction ID: SA11AI.5754 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 14554	30.00
Name of Employer MVP	Occupation VP Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	rts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar City Pittsford FEC ID number of contributing federal political committee.	State Zip Code NY 14534	Date of Receipt M M M / D D / Y Y Y Y Y 0 5 0 7 2 0 0 9 Transaction ID: SA11AI.5826 Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP Finance Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar City Pittsford	State Zip Code NY 14534	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP Finance Aggregate Year-to-Date 330.00	30.00
Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar City Pittsford	State Zip Code NY 14534	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP Finance Aggregate Year-to-Date ▼	30.00
SUBTOTAL of Receipts This Page (or	otional)	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14534 C Occupation VP Finance Aggregate Year-to-Date 390.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 10930 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y 2 6 / 2 0 0 9 Transaction ID: SA11AI.5615 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 10930 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date 240.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 87 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 10930 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y O 4 2 3 2 0 0 9 Transaction ID: SA11AI.5726 Amount of Each Receipt this Period 30.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing	State Zip Code NY 10930	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Occupation VP of Mid-Hudson Region Aggregate Year-to-Date 300.00	
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills	State Zip Code NY 10930	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP of Mid-Hudson Region Aggregate Year-to-Date 330.00	30.00
SUBTOTAL of Receipts This Page (optional)		90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
, A	any information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		06 04 72009
	City Highland Mills	State Zip Code NY 10930	Transaction ID: SA11AI.5945 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
 3.	Full Name (Last, First, Middle Initial) Joseph Lia	I	Date of Receipt
	Mailing Address 12 Sutherland Drive		06 18 2009
	City	State Zip Code	Transaction ID: SA11AI.6030
	Highland Mills FEC ID number of contributing federal political committee.	NY 10930	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.00	
. –	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		03 26 YYYY 2009
	City	State Zip Code	Transaction ID: SA11AI.5584
	Binghamton FEC ID number of contributing federal political committee.	NY 13905	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City	State Zip Code	Date of Receipt 0 4 0 9 Transaction ID: SA11AI.5664
Binghamton	NY 13905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Southern	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street		Date of Receipt 0 4 2 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5739
Binghamton	NY 13905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Southern	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
Mailing Address 33 Oak Street		05 / 07 / 2009
City Binghamton	State Zip Code NY 13905	Transaction ID: SA11AI.5811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 15905	30.00
Name of Employer MVP	Occupation VP Southern	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 87 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \ .	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street		Date of Receipt
	City Binghamton	State Zip Code NY 13905	Transaction ID: SA11AI.5888 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP Southern Aggregate Year-to-Date 330.00	
- 3.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street		Date of Receipt 0 6 0 4 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.5957
	Binghamton FEC ID number of contributing federal political committee.	NY 13905	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		06 18 2009
	City	State Zip Code	Transaction ID: SA11AI.6024
	Binghamton FEC ID number of contributing federal political committee.	NY 13905	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
,	SUBTOTAL of Receipts This Page (optional)		90.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 87 (check only one) X
or for	nformation copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC	tatements may name and ado	r not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
A. <u>w</u> M Ci <u>C</u>	ull Name (Last, First, Middle Initial) //illiam V. Little lailing Address 300 Partridge Lane ity Charlotte EC ID number of contributing ederal political committee.	State VT	Zip Code 05445	Date of Receipt 0 3 2 6 2 0 0 9 Transaction ID: SA11AI.5601 Amount of Each Receipt this Period 30.00
_	ame of Employer IVP Service Corp. eceipt For: Primary General Other (specify) ▼	Occupation VP Vermand Aggregate		
3. <u>w</u> M	ull Name (Last, First, Middle Initial) //illiam V. Little lailing Address 300 Partridge Lane ity	State	Zip Code	Date of Receipt M M M D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FI fe	Charlotte EC ID number of contributing ederal political committee.	VT C	05445	Amount of Each Receipt this Period 30.00
_	ame of Employer IVP Service Corp. eceipt For: Primary General Other (specify) ▼	VP Verm		
. <u>w</u>	ull Name (Last, First, Middle Initial) //illiam V. Little lailing Address 300 Partridge Lane			Date of Receipt 0 4 2 3 2 0 0 9
<u>C</u> FI	ity Charlotte EC ID number of contributing ederal political committee.	State VT	Zip Code 05445	Transaction ID: SA11AI.5731 Amount of Each Receipt this Period 30.00
N	ame of Employer IVP Service Corp.	Occupation VP Verm		
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	
SUE	BTOTAL of Receipts This Page (optional))	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	'	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54/8/ (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the	Statements man	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		· · ·	
Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
Mailing Address 300 Partridge Lane			05 07 2009
City	State	Zip Code	Transaction ID: SA11Al.5824
Charlotte	VT	05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP Service Corp.	Occupatio VP Verm		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
Mailing Address 300 Partridge Lane			05 21 2009
City	State	Zip Code	Transaction ID: SA11AI.5879
<u>Charlotte</u>	VT	05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP Service Corp.	Occupatio VP Verm		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		330.00]
Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
Mailing Address 300 Partridge Lane			06 04 2009
City	State	Zip Code	Transaction ID: SA11AI.5970
Charlotte	VT	05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP Service Corp.	Occupatio VP Verm	ont	
Receipt For:	Aggregate	e Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	360.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane	7.01	06 18 2009
City Charlotte	State Zip Code VT 05445	Transaction ID: SA11AI.6043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		02 26 2009
City	State Zip Code	Transaction ID: SA11AI.5482
Webster FEC ID number of contributing federal political committee.	NY 14580	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		03 12 2009
City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.5498 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional	1	110.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way City	Statements may not be sold or used by any persor e name and address of any political committee to some state. State Zip Code	Date of Receipt
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way	State Zin Code	
		03 26 2009
Webster	NY 14580	Transaction ID: SA11AI.5577 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Receipt For: Primary General	Occupation VP, Underwriting and Analysis Aggregate Year-to-Date ▼	
Other (specify) Full Name (Last, First, Middle Initial) Carl Maleri, Jr.	320.00	Date of Receipt
Mailing Address 19 Crimson Way		0 4 0 9 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5643
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		0 4 2 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5717
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional) .	· · · · · · · · · · · · · · · · · · ·	120.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt M
City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.5835 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP, Underwriting and Analysis Aggregate Year-to-Date 440.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt M M D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5865
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.	•	Date of Receipt
Mailing Address 19 Crimson Way		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.5981
Webster FEC ID number of contributing federal political committee.	NY 14580	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
SUBTOTAL of Receipts This Page (optio	nal)	120.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
_	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal committee to any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
	Mailing Address 19 Crimson Way City	State Zip Code	0 6 1 8 2 0 0 9 Transaction ID: SA11AI.6060
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
- В.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		03 / 12 / 2009
	City	State Zip Code	Transaction ID: SA11AI.5523
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
с. С.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		03 26 7 2009
	City	State Zip Code	Transaction ID: SA11AI.5585
	Rochester FEC ID number of contributing federal political committee.	NY 14626	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Business Excellence	7
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
	SUBTOTAL of Receipts This Page (optional)		120.00
	TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing	State Zip Code NY 14626	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State Zip Code NY 14626	Transaction ID: SA11AI.5721
FEC ID number of contributing federal political committee.	C 14020	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		0 5 0 7 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5812
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional) .	•	120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60/8/ (check only one) X 11a		
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC					
Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt		
Mailing Address 21 Joellen Drive					
City	State	Zip Code	0 5 2 1 2 0 0 9 Transaction ID: SA11AI.5870		
Rochester	NY	14626	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		40.00		
Name of Employer MVP	Occupatio VP, Busi	n ness Excellence			
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 440.00			
Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt		
Mailing Address 21 Joellen Drive			0 6 0 4 2 0 0 9		
City	State	Zip Code	Transaction ID: SA11AI.5958		
Rochester	NY	14626	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		40.00		
Name of Employer MVP	Occupatio VP, Busi	n ness Excellence			
Receipt For:	Aggregate	e Year-to-Date 🔻			
Primary General Other (specify) ▼		480.00			
Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt		
Mailing Address 21 Joellen Drive			06 18 2009		
City	State	Zip Code	Transaction ID: SA11AI.6025		
Rochester	NY	14626	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		40.00		
Name of Employer MVP	Occupatio VP, Busi	n ness Excellence			
Receipt For:	Aggregate	e Year-to-Date ▼	_		
Primary General Other (specify) ▼		520.00			
SUBTOTAL of Receipts This Page (optional)		120.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		02 26 2009
	City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.5469
	FEC ID number of contributing federal political committee.	C 120//	Amount of Each Receipt this Period 50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		03 / 12 / Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.5538
	Glenmont	NY 12077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		03 / 26 / Y Y Y Y
	City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.5616
	FEC ID number of contributing federal political committee.	C 120//	Amount of Each Receipt this Period 50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
	NIDTOTAL (D TIL D /)		150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A oi	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road		Date of Receipt
	Maining Address 54 Heriderson Road		04 09 2009
	City	State Zip Code	Transaction ID: SA11AI.5653
	Glenmont	NY 12077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary ☐ General Other (specify) ▼	400.00	
_	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		04 23 2009
	City	State Zip Code	Transaction ID: SA11AI.5727
	Glenmont	NY 12077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	450.00	
	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		05 07 2009
	City	State Zip Code	Transaction ID: SA11AI.5800
	Glenmont	NY 12077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	NUDTOTAL of Descript This Days (self-self)		150.00

Any information copied from such Reports and Sta or for commercial purposes, other than using the normal pur	State Zip Code NY 12077 C Occupation EVP, HR Aggregate Year-to-Date	Date of Receipt Date of Receipt
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road City Glenmont FEC ID number of contributing federal political committee.	NY 12077 C Occupation EVP, HR Aggregate Year-to-Date ▼	Transaction ID: SA11AI.5876 Amount of Each Receipt this Period
Glenmont FEC ID number of contributing federal political committee.	NY 12077 C Occupation EVP, HR Aggregate Year-to-Date ▼	Transaction ID: SA11AI.5876 Amount of Each Receipt this Period
federal political committee.	Occupation EVP, HR Aggregate Year-to-Date ▼	50.00
Name of Employer MVP	EVP, HR Aggregate Year-to-Date ▼	_
Receipt For: Primary Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road		Date of Receipt 0 6 0 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5946
Glenmont FEC ID number of contributing federal political committee.	NY 12077	Amount of Each Receipt this Period 50.00
Name of Employer MVP	Occupation EVP, HR]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		06 18 2009
City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.6013 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation EVP, HR	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional)	>	150.00

	LE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 87 (check only one) X
or for commer NAME OF	on copied from such Reports and S cial purposes, other than using the COMMITTEE (In Full) alth Care Inc. Federal PAC	tatements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	(Last, First, Middle Initial) ee Corp			Date of Receipt
City	020 0.0.00 0.	State	Zip Code	0 1 3 0 2 0 0 9 Transaction ID: SA11Al.6125
	tady mber of contributing tical committee.	C	12305	Amount of Each Receipt this Period 1294.00
Name of E	mployer	Occupation	n	Money posted at bank error
Receipt Fo		Aggregate	Year-to-Date ▼ 1294.00	
David Orlar	(Last, First, Middle Initial) ado dress 3 Clare Castle			Date of Receipt 0 3 2 6 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.5606
Albany		NY	12205	Amount of Each Receipt this Period
federal poli	mber of contributing tical committee.	С		30.00
Name of E MVP	mployer	Occupation Corp VP	n of Operations	
Receipt Fo		Aggregate	Year-to-Date ▼ 210.00	
Full Name David Orlar	(Last, First, Middle Initial)	l		Date of Receipt
Mailing Ad	dress 3 Clare Castle			04 09 2009
City Albany		State NY	Zip Code	Transaction ID: SA11AI.5682
FEC ID nu	mber of contributing tical committee.	C	12205	Amount of Each Receipt this Period 30.00
Name of E MVP	mployer	Occupation Corp VP	n of Operations	
Receipt Fo		Aggregate	Year-to-Date ▼ 240.00	
SUBTOTAL	of Receipts This Page (optional)	1		1354.00

SCHEDULE A (FECE) ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such or for commercial purposes, other NAME OF COMMITTEE (In It MVP Health Care Inc. Fe	er than using the name and a Full)	nay not be sold or used by any persiddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle David Orlando Mailing Address 3 Clare C City Albany FEC ID number of contributin	Castle State NY	Zip Code 12205	Date of Receipt M M M / D D / Y Y Y Y Y 0 4 2 3 2 0 0 9 Transaction ID: SA11AI.5756 Amount of Each Receipt this Period
rec in Humber of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupat Corp V Aggrega	ion P of Operations ate Year-to-Date ▼ 270.00	30.00
Full Name (Last, First, Middle David Orlando Mailing Address 3 Clare C City Albany FEC ID number of contributin federal political committee.	Castle State NY	Zip Code 12205	Date of Receipt M M M
Name of Employer MVP Receipt For: Primary Gener Other (specify) ▼	Aggrega	on P of Operations ate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle David Orlando Mailing Address 3 Clare Cocity Albany FEC ID number of contributin federal political committee.	State NY	Zip Code 12205	Date of Receipt M M M
Name of Employer MVP Receipt For: Primary Gener Other (specify) ▼	Aggrega	ion P of Operations ate Year-to-Date ▼ 330.00	
SUBTOTAL of Receipts This P	age (optional))	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perso he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State Zip Code NY 12205 C Occupation Corp VP of Operations Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) David Orlando	360.00	Date of Receipt
Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12205 C Occupation Corp VP of Operations Aggregate Year-to-Date 390.00	Transaction ID: SA11AI.6020 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12047 C Occupation VP of E Business Aggregate Year-to-Date ▼ 220.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12047 C Occupation VP of E Business Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12047 C Occupation VP of E Business Aggregate Year-to-Date 260.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation Aggregate Year-to-Date ▼ 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	70.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
. ∠ \.	Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		06 19 2009
	City	State Zip Code	Transaction ID: SA11AI.6065
	Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
 3.	Full Name (Last, First, Middle Initial) Dawn Ryman		Date of Receipt
	Mailing Address 213 Hansen Avenue		03 / 26 / 2009
	City	State Zip Code	Transaction ID: SA11AI.5589
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP of Legal Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
. –	Full Name (Last, First, Middle Initial) Dawn Ryman		Date of Receipt
	Mailing Address 213 Hansen Avenue		04 09 2009
	City Albany	State Zip Code NY 12208	Transaction ID: SA11AI.5681 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP of Legal Affairs	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional) .	I	90.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Dawn Ryman Mailing Address 213 Hansen Avenue		Date of Receipt
213 Harisen Avenue		04 23 2009
City	State Zip Code	Transaction ID: SA11AI.5751
Albany	NY 12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer MVP	Occupation VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Dawn Ryman		Date of Receipt
Mailing Address 213 Hansen Avenue		04 24 2009
City	State Zip Code	Transaction ID: SA11AI.5777
Albany	NY 12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) Dawn Ryman		Date of Receipt
Mailing Address 213 Hansen Avenue		05 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5858
Albany	NY 12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP of Legal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
LIPTOTAL of Possints This Page (entired)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 87 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may no e name and addres	t be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dawn Ryman Mailing Address 213 Hansen Avenue City Albany FEC ID number of contributing federal political committee. Name of Employer MVP	State NY C Occupation VP of Legal	Zip Code 12208 Affairs	Date of Receipt M M
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Dawn Ryman Mailing Address 213 Hansen Avenue			Date of Receipt Date of Receipt 0 6 0 5 2 0 0 9
City	State	Zip Code	Transaction ID: SA11AI.6005
Albany	NY	12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupation VP of Legal	Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye		
Full Name (Last, First, Middle Initial) Dawn Ryman	I		Date of Receipt
Mailing Address 213 Hansen Avenue			06 19 2009
City	State	Zip Code	Transaction ID: SA11AI.6085
Albany	NY	12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupation VP of Legal	Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 390.00	
SUBTOTAL of Receipts This Page (optional) .			90.00

Any information copied from such Poperts and	Detailed Summary Page Statements may not be sold or used by any person	X 11a 11b 11c 12 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	ne name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 12866 C Occupation VP Sales	Date of Receipt M M 26 2009 Transaction ID: SA11AI.5609 Amount of Each Receipt this Period 30.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City	State Zip Code	Date of Receipt 0 4 0 9 2 0 0 9 Transaction ID: SA11AI.5686
Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP	NY 12866 C Occupation	Amount of Each Receipt this Period 30.00
Receipt For: Primary General Other (specify)	VP Sales Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt 0 4 2 3 2 0 0 9
City Saratoga Springs FEC ID number of contributing federal political committee.	State Zip Code NY 12866	Transaction ID: SA11AI.5759 Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General	Occupation VP Sales Aggregate Year-to-Date ▼	
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	270.00	90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
or f	y information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
• ,	Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt
			05 07 2009
	City Saratoga Springs	State Zip Code NY 12866	Transaction ID: SA11AI.5831 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		05 21 2009
	City	State Zip Code	Transaction ID: SA11AI.5907
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	330.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		06 04 2009
	City	State Zip Code	Transaction ID: SA11AI.5977
•	Saratoga Springs FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
SI	JBTOTAL of Receipts This Page (optional) .		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date ▼	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive	390.00	Date of Receipt 0 3 2 6 2 0 0 9
City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 14624 C Occupation	Amount of Each Receipt this Period 30.00
Receipt For: Primary General Other (specify)	VP, Sales Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive		Date of Receipt M
City Rochester FEC ID number of contributing federal political committee.	State Zip Code NY 14624 C	Transaction ID: SA11AI.5657 Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation VP, Sales Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 87 (check only one) X 11a
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	I Statements may not be sold or used by any person he name and address of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date 270.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester	State Zip Code NY 14624	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation VP, Sales Aggregate Year-to-Date 300.00	30.00
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 14624 C Occupation VP, Sales	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00]
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person e name and address of any political committee to s	n for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial)		
Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.5950
Rochester FEC ID number of contributing federal political committee.	NY 14624	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP, Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		06 18 2009
City Rochester	State Zip Code NY 14624	Transaction ID: SA11AI.6044 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP, Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
Mailing Address 85 Pinehurst Place		03 26 2009
City	State Zip Code	Transaction ID: SA11AI.5614
Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation CIO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	90.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City	State Zip Code	Date of Receipt O 4 O 9 Transaction ID: SA11AI.5651
Middletown	CT 06457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation CIO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place		Date of Receipt 0 4 2 3 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5725
Middletown	CT 06457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation CIO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland	1	Date of Receipt
Mailing Address 85 Pinehurst Place		05 07 2009
City	State Zip Code	Transaction ID: SA11AI.5797
Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation CIO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code CT 06457 C Occupation CIO	Date of Receipt M M D D 2 1 2 0 0 9
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place		Date of Receipt 0 6 0 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.5944
Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation CIO Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
Mailing Address 85 Pinehurst Place		0 6 1 8 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.6029
Middletown	CT 06457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP	Occupation CIO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78/87 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		,,	
Full Name (Last, First, Middle Initial) Shanon Vollmer			Date of Receipt
Mailing Address 30 Wilton Court			03 26 2009
City	State	Zip Code	Transaction ID: SA11AI.5592
Clifton Park FEC ID number of contributing federal political committee.	C	12065	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupatio Associate	n e Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer			Date of Receipt
Mailing Address 30 Wilton Court			0 4 0 9 2 0 0 9
City Clifton Park	State NY	Zip Code	Transaction ID: SA11AI.5668
FEC ID number of contributing federal political committee.	C	12065	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupatio Associate	n e Counsel	
Receipt For: Primary General Other (specify) ▼	·	e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer			Date of Receipt
Mailing Address 30 Wilton Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Clifton Park	State NY	Zip Code 12065	Transaction ID: SA11AI.5742 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	30.00
Name of Employer MVP	Occupatio Associate	n e Counsel	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional			90.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 87 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)		
Shanon Vollmer		Date of Receipt
Mailing Address 30 Wilton Court		05 07 2009
City	State Zip Code	Transaction ID: SA11AI.5815
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation Associate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
Mailing Address 30 Wilton Court		05 21 YYYYY 2009
City	State Zip Code	Transaction ID: SA11AI.5891
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation Associate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	330.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
Mailing Address 30 Wilton Court		06 04 2009
City	State Zip Code	Transaction ID: SA11AI.5961
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation Associate Counsel	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	360.00	
SURTOTAL of Receipts This Page (ontional)		90.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 80 / 87 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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 Full Name (Last, First, Middle Initial) Date of Receipt Shanon Vollmer Mailing Address 30 Wilton Court 06 18 2009 City State Zip Code Transaction ID: SA11AI.6033 Clifton Park NY 12065 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer MVP Occupation **Associate Counsel** Receipt For: Aggregate Year-to-Date Primary General 390.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	30.00
TOTAL This Period (last page this line number only)	→	11718.00

		Use separate schedule(s	s)		R LINE eck only		:K:			LPA	GE	81 / 8	/
П _	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27	22 28a	X	23 28b	\square	24 28c	\vdash	25 29	20
	y Information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)												
\mathbb{Z}	MVP Health Care Inc. Federal PAC												
	Full Name (Last, First, Middle Initial) AHIP PAC Administrative Account							sburs	_	_		, o ŏ 9	Y
	Mailing Address 601 Pennsylvania Av	enue, NW				0.3			2 0	L	2 (009	
	City Washington	State Zip Code DC 20004	_			Amou	int o	f Each	n Disb	urser	-	this P	eriod
	Purpose of Disbursement							•			500	0.00	
	Candidate Name			ateg Typ									
	Office Sought: House Disk Senate President State: District:	ursement For: 2010 X Primary General Other (specify) ▼											
	Full Name (Last, First, Middle Initial) MICHAEL A. ARCURI							sburs	emen				V
	Mailing Address PO Box 8508					0 6			26	Ĺ	2 (0 ŏ 9	
	City Utica	State Zip Code NY 13505				Amou	int o	f Each	n Disb	urser		this P	eriod
	Purpose of Disbursement Candidate Name			ateg Typ	-		•	•		•	100	0.00	
	Office Sought: X House Senate President State: NY District: 24	ursement For: 2010 X Primary General Other (specify)	ļ	ТУР	-								
	Full Name (Last, First, Middle Initial) RICHARD M BURR					Trans Date	of Di	sburs	emen				
	Mailing Address POST OFFICE BOX	5928				0 3	М	['] C	5	/ L	ž	0 ŏ 9	Y
	City WINSTON-SALEM	State Zip Code NC 27113				Amou	ınt o	f Each	n Disb	urser	ment	this P	eriod
	Purpose of Disbursement		Г	v		L.					100	0.00	
	Candidate Name RICHARD M BURR			ateg									
	X Senate President	ursement For: 2010 X Primary General Other (specify) ▼	1										
	State: NC District: 00												

SCHEDULE B (FEC Form 3X	Use sep	arate schedule(s)		NUMBER: PAGE 82/87
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only	y one) 22 23 24 25 1
			27	28a 28b 28c 29
Any Information copied from such Reports and or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)		oo o. a, pooa		
MVP Health Care Inc. Federal PAC				
Full Name (Last, First, Middle Initial)				Transaction ID: SB23.6118
CHRISTOPHER J DODD				Date of Disbursement
Mailing Address PO BOX 270701				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 5 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & 9 \end{smallmatrix} \end{bmatrix}$
City WEST HARTFORD	State CT	Zip Code 06127		Amount of Each Disbursement this Period
Purpose of Disbursement	U1	00127		1000.00
- upose of Disbursement				
Candidate Name			Category/ Type	
9	isbursement For:	2010		
χ Senate President	X Primary	General		
State: CT District: 00	Other (spe	ecity) 🔻		
Full Name (Last, First, Middle Initial)				Transaction ID: SB23.6120
CHRISTOPHER J DODD				Date of Disbursement
Mailing Address PO BOX 270701				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 5 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & 0 & 9 \end{smallmatrix} \end{bmatrix}$
City WEST HARTFORD	State CT	Zip Code 06127		Amount of Each Disbursement this Period
Purpose of Disbursement		00127		0.00
Candidate Name			Category/ Type	
Office Sought: House D	Disbursement For:	2010	1,700	
χ Senate	X Primary	General		
State: CT District: 00	Other (spe	ecify) 🔻		
Full Name (Last, First, Middle Initial)				Transaction ID: SB23.6098
Kirsten GILLIBRAND FOR SENATE				Date of Disbursement
Mailing Address 313 C STREET NE	Ξ			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & Y \\ V & V & O & O & Y \end{bmatrix}$
City WASHINGTON	State DC	Zip Code 20002		Amount of Each Disbursement this Period
Purpose of Disbursement		-		1000.00
On Edwards				
Candidate Name			Category/ Type	
		0040	71	
Office Sought: House D	isbursement For:	2010		
x Senate	X Primary	General		
X Senate President		General		
x Senate	X Primary Other (spo	General ecify) ▼		2000.00

TEMIZED DISBURSEMENTS Core each category of the Detailed Summary Page 21b 22 28a 28b 28c 28b 28c	(FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE		
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	ITEMIZED DIS	BURSEMENTS	for each	category of the	21b	22 X 23 24 25
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) CHRISTOPHER J. LEE Mailing Address 6347 EVERWOOD CT NORTH City EAST AMHERST Purpose of Disbursement Candidate Name Office Sought: X House President State: NY District: 26 Full Name (Last, First, Middle Initial) John Lynch Mailing Address Lynch Committee 2010 PO Box 1703 State Zip Code Other (specify) ▼ Type Transaction ID: SB23.6114 Date of Disbursement this I Category/ Type Transaction ID: SB23.6114 Amount of Each Disbursement this I 2000.00 Transaction ID: SB23.6123 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this I Other (specify) ▼ Transaction ID: SB23.6123 Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this I Other (specify) ▼ Transaction ID: SB23.6123 Amount of Each Disbursement this I Other (specify) ▼ Amount of Each Disbursement this I Transaction ID: SB23.6123 Amount of Each Disbursement this I Other (specify) ▼ Amount of Each Disbursement this I Other (specify) ▼ Annount of Each Disbursement this I Other (specify) ▼ Annount of Each Disbursement this I Other (specify) ▼						
CHRISTOPHER J. LEE Mailing Address 6347 EVERWOOD CT NORTH City State Zip Code EAST AMHERST NY 14051 Purpose of Disbursement Candidate Name Disbursement For: 2010	NAME OF COMM	IITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City EAST AMHERST Purpose of Disbursement Candidate Name Office Sought: NY						
EAST AMHERST Purpose of Disbursement Candidate Name Office Sought:	Mailing Address	6347 EVERWOOD CT	NORTH			06 15 7 2009
Candidate Name Office Sought:		ST				Amount of Each Disbursement this Perio
Office Sought:		rsement				2000.00
Senate President Presiden					0 ,	
Full Name (Last, First, Middle Initial) John Lynch Mailing Address Lynch Committee 2010 PO Box 1703 City Concord NH 03302 Purpose of Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Senate President District: Full Name (Last, First, Middle Initial) Eric MASSA FOR CONGRESS Mailing Address 60 East Market Street Suite 244 City Corring NY 14830 Purpose of Disbursement Candidate Name Office Sought: Value State Vip Code NY 14830 Amount of Each Disbursement this Interval of Initial Interval of Initial Interval of Initial Interval of Initial Interval	-	Senate President	X Primary	General		
Mailing Address Lynch Committee 2010 PO Box 1703 City State Zip Code NH 03302 Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Eric MASSA FOR CONGRESS Mailing Address 60 East Market Street Suite 244 City State Zip Code NY 14830 Purpose of Disbursement Category/ Type Transaction ID: SB23.6102 Date of Disbursement bis Initial State Street Suite 244 City State Zip Code NY 14830 Purpose of Disbursement Candidate Name Office Sought: X House Senate President Other (specify) ▼ Office Sought: X House Senate President Other (specify) ▼ Office Sought: X House Senate President Other (specify) ▼ Office Sought: X House Senate President Other (specify) ▼ Office Sought: X House Senate President Other (specify) ▼	Full Name (Last, F					
City Concord Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Eric MASSA FOR CONGRESS Mailing Address 60 East Market Street Suite 244 City Corning NY 14830 Purpose of Disbursement Candidate Name Category/ Type Transaction ID: SB23.6102 Date of Disbursement My 14830 Amount of Each Disbursement Initial SB23.6102 Transaction ID: SB23.6102 Date of Disbursement Office Sought: NY 14830 Amount of Each Disbursement Initial SB23.6102 Category/ Type Office Sought: X House Senate President Other (specify) Other (specify		Lynch Committee 201	0			
Candidate Name Category/ Type Office Sought: House Senate President President State: District: Full Name (Last, First, Middle Initial) Eric MASSA FOR CONGRESS Mailing Address 60 East Market Street Suite 244 City State Zip Code Corning NY 14830 Purpose of Disbursement Candidate Name Office Sought: X House Senate President NY Primary General President NY Primary General Other (specify) ▼ Category/ Type Office Sought: X House Senate President NY Primary General Other (specify) ▼ Other (specify) ▼ Category/ Type		1 O BOX 1703				Amount of Each Disbursement this Period
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Eric MASSA FOR CONGRESS Mailing Address 60 East Market Street Suite 244 City Corning NY 14830 Purpose of Disbursement Candidate Name Office Sought: X House Senate President President Office Sought: X House Senate President Disbursement For: 2010 Amount of Each Disbursement this Category/Type Office Sought: X House Senate President Other (specify) ▼ Type Transaction ID: SB23.6102 Date of Disbursement Amount of Each Disbursement this Category/Type Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼	Purpose of Disbur	rsement				100.00
Senate President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Eric MASSA FOR CONGRESS Mailing Address 60 East Market Street Suite 244 City State Zip Code Corning NY 14830 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President State Zip Code Category/ Type Office Sought: X House Senate President Other (specify) ▼ Transaction ID: SB23.6102 Date of Disbursement Category/ Type Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ Transaction ID: SB23.6102 Date of Disbursement Other (specify) ▼	Candidate Name					
Full Name (Last, First, Middle Initial) Eric MASSA FOR CONGRESS Mailing Address 60 East Market Street Suite 244 City State Zip Code Corning NY 14830 Purpose of Disbursement Candidate Name Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify) Other (specify)		Senate President	X Primary	General		
Mailing Address 60 East Market Street Suite 244 City State Zip Code Corning NY 14830 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President Disbursement For: 2010 X Primary General President Other (specify) ▼	Full Name (Last, F	First, Middle Initial)				
City State Zip Code NY 14830 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate President President State Zip Code NY 14830 Category/ Type Amount of Each Disbursement this Code Disbursement Torical Category/ Type Other (specify) ▼		60 East Market Street				
Candidate Name Category/ Type Office Sought:		Suite 244				Amount of Each Disbursement this Period
Office Sought: X House Senate President Disbursement For: 2010 X Primary General Other (specify)	Purpose of Disbur	rsement				0.00
Senate X Primary General President Other (specify) ▼						
	Office Sought:	Senate	X Primary	General		
State: NY District: 29	State: NY	District: 29	Other (spi	———		

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)					E NUMBER: PAGE 84 / 87								
ITEMIZED DISBURSEMENTS		category of the Summary Page		È	21b 27	П	22 28a	X	23 28b	24		\exists	25 29	26 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name														
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	ic and address	33 of any political			intico to s	ono	it conti	- IDUII	0113 110	JIII 300			ittoo	
/														
Full Name (Last, First, Middle Initial) MICHAEL E. MR. MCMAHON							Date	of Di	sburse		3.6			
Mailing Address 66 Arnold Street							0 ^M 6	M	^D 2	6 ^D	Y	ž	o ŏ s) ^Y
City Staten Island	State NY	Zip Code 10301					Amou	int of	f Each	Disbur	sem	ent	this F	Period
Purpose of Disbursement			Г	U								100	0.00	
Candidate Name					egory/ ype									
Senate X President	ement For: Primary Other (spe	2010 General												
State: NY District: 13 Full Name (Last, First, Middle Initial)						-								
ROB PORTMAN							Date	of Di	sburse		3.6			V
Mailing Address 203 MIAMI AVENUE							0 ^M 6	М	0	^D 2	Y	ž	o ŏ s) *
City CINCINNATI	State OH	Zip Code 45174					Amou	int of	f Each	Disbur				-
Purpose of Disbursement								_				200	0.00	
Candidate Name					egory/ ype									
X Senate X President	ement For: Primary Other (spe	2010 General												
State: OH District: 00 Full Name (Last, First, Middle Initial)														
JAMES TEDISCO							Date of		on ID: sburse	SB2 ement	3.6			V
Mailing Address 32 PRAISE LANE							0 4	IVI .	0	8	Ľ	2	o ŏ s	
City GLENVILLE	State NY	Zip Code 12302					Amou	int of	f Each	Disbur			-	
Purpose of Disbursement					$\overline{}$			_				100	0.00	
Candidate Name					egory/ /pe									
-	ement For: Primary Other (spe	2010 General												
State: NY District: 20		•												
SUBTOTAL of Disbursements This Page (optional)					. •						4	100	0.00	

TOTAL This Period (last page this line number only)

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5(CHEDULE B (FEC Form 3	Use separate schedule(s)		NUMBER: PAGE 85 / 87				
ίT	EMIZED DISBURSEMENT		(check onl					
		Detailed Summary Page	21b	22 X 23 24 25 26				
			27	28a 28b 28c 29 30b				
	y Information copied from such Reports a for commercial purposes, other than using	•						
<u> </u>	NAME OF COMMITTEE (In Full)	JAME OF COMMITTEE (In Full)						
\rangle	MVP Health Care Inc. Federal PAC							
	Full Name (Last, First, Middle Initial)			Transaction ID: SB23.6095				
	James TEDISCO FOR CONGRES	SS		Date of Disbursement				
				03 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 1707 Route 9			03 12 2009				
	City	State Zip Code		Amount of Each Disbursement this Period				
	Clifton Park	NY 12065						
	Purpose of Disbursement			3000.00				
	Condidate Name							
	Candidate Name		Category/ Type					
	Office Sought: X House	Disbursement For: 2010	туре					
	Office Sought: X House Senate	X Primary General						
	President	Other (specify)						
	State: NV District: 20	☐ Other (specify) ▼						

SUBTOTAL of Disbursements This Page (optional)	•	3000.00
TOTAL This Period (last page this line number only)	→	18100.00

IT An	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS y Information copied from such Reports and Stat		(check onl 21b 27 y any person	22 23 24 25 26 28 28c X 29 30b for the purpose of soliciting contributions
or	for commercial purposes, other than using the nation NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	ne and address of any political co	mmittee to so	slicit contributions from such committee
<u> </u>	Full Name (Last, First, Middle Initial) MVP Health Care Inc. Federal PAC Mailing Address 625 State Street			Transaction ID: SB29.6129 Date of Disbursement O 2
	City Schenectady Purpose of Disbursement PAC refunded bank error from 1-30-09 Candidate Name	State Zip Code NY 12305	Category/ Type	Amount of Each Disbursement this Period 1294.00
	Office Sought: House Disbu Senate President State: District:	sement For: Primary General Other (specify) ▼		

		100100
SUBTOTAL of Disbursements This Page (optional)	>	1294.00
TOTAL This Period (last page this line number only)	•	1294.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s)

PAGE 87 / 87 FOR LINE NUMBER:

Excluding Loan	S
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	cluding Loans	IONS			r each bered line)	(check only one)	9 X 10	
NA	AME OF COMMITTEE (In I							
IVI	VP Health Care Inc. Fe	derai PAC						
	A. Full Name (Last, First, Deluxe Business Chec		or Creditor		Nature of Debt (Purpose): Check Printing			
	Mailing Address P.O. E	Box 742572			-			
	City Cincinnati	State OH	ZIP Code 45274					
	Outstanding Balance B	eginning This Period			Transaction ID: SD10.4163			
		145.00						
	Amount Incurred	d This Period	Payment This Period		Outstanding Balance at Close of This Period			
		0.00	0.00				145.00	
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done				Nature of Debt (Purpose): Advertising			
	Mailing Address 96 Jay Street							
	City Schenectady	State NY	ZIP Code 12305					
	Outstanding Balance B	eginning This Period			Transaction ID: SD10.4165			
		338.00						
	Amount Incurred	d This Period	Payment This Period		Outstandir	ng Balance at Close o	of This Period	
		0.00	0.00				338.00	
1)	SUBTOTALS This Perio	od This Page (optional)		•	- I	483	3.00	
2)	TOTALS This Period (las	et page this line number o	nly)	>		48:	3.00	
3)	TOTAL OUTSTANDING	LOANS from Schedul	e C (last page only)				0.00	
4)	ADD 2) and 3) and carry	forward to appropriate li	ne of Summary Page (last page only)) >		483	3.00	