

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

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

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00431429

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

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

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Frank Fanshawe

Signature of Treasurer Electronically Filed by Mr. Frank Fanshawe Date 07 15 2009

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		19923.84
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning 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 <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	483.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	11718.00	11718.00
(ii) Unitemized .....	8700.00	8700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	20418.00	20418.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	20418.00	20418.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	20418.00	20418.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	20418.00	20418.00

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18100.00	18100.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	16.00	16.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	16.00	16.00
29. Other Disbursements.....	1294.00	1294.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19410.00	19410.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19410.00	19410.00

**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
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	20418.00	20418.00
34. Total Contribution Refunds (from Line 28(d)) .....	16.00	16.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20402.00	20402.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	<b>Transaction ID:</b> SA11AI.5582
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="30.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	<b>Transaction ID:</b> SA11AI.5662
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="30.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	<b>Transaction ID:</b> SA11AI.5737
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="270.00"/>	<input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	<b>Transaction ID:</b> SA11AI.5809
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="30.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	<b>Transaction ID:</b> SA11AI.5886
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="330.00"/>	<input type="text" value="30.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	<b>Transaction ID:</b> SA11AI.5955
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 87  
(check only one)

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

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

**A.**

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

Mailing Address 6 Doris Drive

City State Zip Code  
Scotia NY 12302

FEC ID number of contributing federal political committee. C

Name of Employer MVP Service Corp Occupation VP, Sales Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 18 / 2009

**Transaction ID:** SA11AI.6022

Amount of Each Receipt this Period 30.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code  
Schenectady NY 12303

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 12 / 2009

**Transaction ID:** SA11AI.5544

Amount of Each Receipt this Period 40.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code  
Schenectady NY 12303

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 26 / 2009

**Transaction ID:** SA11AI.5580

Amount of Each Receipt this Period 40.00

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 04 / 09 / 2009

Transaction ID: SA11AI.5644

Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 04 / 23 / 2009

Transaction ID: SA11AI.5718

Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 07 / 2009

Transaction ID: SA11AI.5834

Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 87

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code  
Schenectady NY 12303

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 05 / 21 / 2009

**Transaction ID:** SA11AI.5866

Amount of Each Receipt this Period 40.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code  
Schenectady NY 12303

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 04 / 2009

**Transaction ID:** SA11AI.5980

Amount of Each Receipt this Period 40.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code  
Schenectady NY 12303

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 18 / 2009

**Transaction ID:** SA11AI.6055

Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... 120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Ms. Linda Borges

Mailing Address 627 Salvia Lane

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Service Corp Occupation Director of Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
06 / 17 / 2009

Transaction ID: SA11AI.6011

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Teresa Briggs

Mailing Address 710 Western Ave

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
05 / 20 / 2009

Transaction ID: SA11AI.5861

Amount of Each Receipt this Period: 250.00

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

Mailing Address 9 Wembly Court

City Delmar State NY Zip Code 12054

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

Name of Employer MVP Occupation Administrative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: MM / DD / YYYY  
05 / 21 / 2009

Transaction ID: SA11AI.5897

Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 520.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
	Mailing Address 9 Wembly Court		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Delmar	NY	12054
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation Administrative	Transaction ID: SA11AI.5967
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
	Mailing Address 9 Wembly Court		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Delmar	NY	12054
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation Administrative	Transaction ID: SA11AI.6040
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="260.00"/>	<input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Lisa A. Brubaker		Date of Receipt
	Mailing Address 9 Mile Post Lane		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pittsford	NY	14534
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation EVP Rochester/Government Programs	Transaction ID: SA11AI.5934
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1040.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Carl Cameron  
 Mailing Address 285 Willowcrest Drive  
 City State Zip Code  
 Rochester NY 14618  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 6 / 2 0 0 9  
**Transaction ID:** SA11AI.5576  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

**B.** Full Name (Last, First, Middle Initial)  
Carl Cameron  
 Mailing Address 285 Willowcrest Drive  
 City State Zip Code  
 Rochester NY 14618  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 9 / 2 0 0 9  
**Transaction ID:** SA11AI.5689  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

**C.** Full Name (Last, First, Middle Initial)  
Carl Cameron  
 Mailing Address 285 Willowcrest Drive  
 City State Zip Code  
 Rochester NY 14618  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 3 / 2 0 0 9  
**Transaction ID:** SA11AI.5762  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 87  
(check only one)

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

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

**A.**

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

Mailing Address 285 Willowcrest Drive

City State Zip Code  
Rochester NY 14618

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

Name of Employer MVP Occupation VP Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2009

**Transaction ID:** SA11AI.5791

Amount of Each Receipt this Period  
30.00

**B.**

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

Mailing Address 285 Willowcrest Drive

City State Zip Code  
Rochester NY 14618

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

Name of Employer MVP Occupation VP Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2009

**Transaction ID:** SA11AI.5910

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 285 Willowcrest Drive

City State Zip Code  
Rochester NY 14618

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

Name of Employer MVP Occupation VP Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

**Transaction ID:** SA11AI.5938

Amount of Each Receipt this Period  
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 18 / 2009
	City	State	Zip Code
	Rochester	NY	14618
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.6056
Name of Employer MVP		Occupation VP Medical Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 26 / 2009
	City	State	Zip Code
	Liverpool	NY	13090
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5605
Name of Employer MVP		Occupation Regional Network Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 09 / 2009
	City	State	Zip Code
	Liverpool	NY	13090
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5660
Name of Employer MVP		Occupation Regional Network Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 90.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patricia Deferio	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 7723 Majestic Drive	<b>Transaction ID:</b> SA11AI.5735
	City State Zip Code Liverpool NY 13090	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Regional Network Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Patricia Deferio	Date of Receipt MM / DD / YYYY 05 / 07 / 2009
	Mailing Address 7723 Majestic Drive	<b>Transaction ID:</b> SA11AI.5807
	City State Zip Code Liverpool NY 13090	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Regional Network Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Patricia Deferio	Date of Receipt MM / DD / YYYY 05 / 21 / 2009
	Mailing Address 7723 Majestic Drive	<b>Transaction ID:</b> SA11AI.5884
	City State Zip Code Liverpool NY 13090	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Regional Network Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 87  
(check only one)

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

**A.**

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

Mailing Address 7723 Majestic Drive

City State Zip Code  
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

**Transaction ID:** SA11AI.5953

Amount of Each Receipt this Period  
30.00

**B.**

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

Mailing Address 7723 Majestic Drive

City State Zip Code  
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.6047

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 37 Doorstone Drive South

City State Zip Code  
Latham NY 12110

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

Name of Employer MVP Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ -16.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2009

**Transaction ID:** SA11AI.5332

Amount of Each Receipt this Period  
0.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 87  
(check only one)

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

**A.**

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

Mailing Address 37 Doorstone Drive South

City Latham State NY Zip Code 12110

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

Name of Employer MVP Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ -12.00

Date of Receipt: 02 / 26 / 2009  
**Transaction ID:** SA11AI.5442  
 Amount of Each Receipt this Period: 4.00

**B.**

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

Mailing Address 430 Ridgehill Road

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID:** SA11AI.5619  
 Amount of Each Receipt this Period: 30.00

**C.**

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

Mailing Address 430 Ridgehill Road

City Schenectady State NY Zip Code 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 09 / 2009  
**Transaction ID:** SA11AI.5656  
 Amount of Each Receipt this Period: 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **64.00**

**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 19 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frank Fanshawe  
Mailing Address 430 Ridgehill Road  
City Schenectady State NY Zip Code 12303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Treasurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 04 / 23 / 2009  
Transaction ID: SA11AI.5752  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank Fanshawe  
Mailing Address 430 Ridgehill Road  
City Schenectady State NY Zip Code 12303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Treasurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 07 / 2009  
Transaction ID: SA11AI.5803  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank Fanshawe  
Mailing Address 430 Ridgehill Road  
City Schenectady State NY Zip Code 12303  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Treasurer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 05 / 21 / 2009  
Transaction ID: SA11AI.5900  
Amount of Each Receipt this Period 30.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 430 Ridgehill Road

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

**Transaction ID:** SA11AI.5949

Amount of Each Receipt this Period  
30.00

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

Mailing Address 430 Ridgehill Road

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.6016

Amount of Each Receipt this Period  
30.00

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** SA11AI.5521

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 87  
(check only one)

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

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

**A.**

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.5583

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** SA11AI.5663

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** SA11AI.5738

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 87  
(check only one)

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

**A.**

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2009

Transaction ID: SA11AI.5810

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2009

Transaction ID: SA11AI.5887

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

Transaction ID: SA11AI.5956

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 87  
(check only one)

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

**A.**

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID: SA11AI.6023**  
 Amount of Each Receipt this Period: 40.00

**B.**

Full Name (Last, First, Middle Initial)  
Al Gatti

Mailing Address 8 Wendy Lane

City W. Hartford State CT Zip Code 06117

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

Name of Employer MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 12 / 2009  
**Transaction ID: SA11AI.5495**  
 Amount of Each Receipt this Period: 40.00

**C.**

Full Name (Last, First, Middle Initial)  
Al Gatti

Mailing Address 8 Wendy Lane

City W. Hartford State CT Zip Code 06117

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

Name of Employer MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: SA11AI.5574**  
 Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 87  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
Al Gatti

Mailing Address 8 Wendy Lane

City State Zip Code  
W. Hartford CT 06117

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

Name of Employer MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.5691

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
Al Gatti

Mailing Address 8 Wendy Lane

City State Zip Code  
W. Hartford CT 06117

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

Name of Employer MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.5765

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Al Gatti

Mailing Address 8 Wendy Lane

City State Zip Code  
W. Hartford CT 06117

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

Name of Employer MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.5837

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 87  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Al Gatti

Mailing Address 8 Wendy Lane

City State Zip Code  
W. Hartford CT 06117

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

Name of Employer MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2009

Transaction ID: SA11AI.5863

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
Al Gatti

Mailing Address 8 Wendy Lane

City State Zip Code  
W. Hartford CT 06117

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

Name of Employer MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

Transaction ID: SA11AI.5983

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Al Gatti

Mailing Address 8 Wendy Lane

City State Zip Code  
W. Hartford CT 06117

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

Name of Employer MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.6057

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 87  
(check only one)

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

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

**A.**

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

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2009

**Transaction ID:** SA11AI.5864

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

**Transaction ID:** SA11AI.5982

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.6059

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 87  
(check only one)

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

**A.**

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

Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2009

**Transaction ID:** SA11AI.5412

Amount of Each Receipt this Period  
60.00

**B.**

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

Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2009

**Transaction ID:** SA11AI.5455

Amount of Each Receipt this Period  
60.00

**C.**

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

Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** SA11AI.5510

Amount of Each Receipt this Period  
60.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 87  
(check only one)

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

**A.**

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

Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.5604

Amount of Each Receipt this Period  
60.00

**B.**

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

Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** SA11AI.5659

Amount of Each Receipt this Period  
60.00

**C.**

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

Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** SA11AI.5734

Amount of Each Receipt this Period  
60.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 87  
(check only one)

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

**A.**

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

Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.5806

Amount of Each Receipt this Period  
60.00

**B.**

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

Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.5883

Amount of Each Receipt this Period  
60.00

**C.**

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

Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 4 / 2 0 0 9

**Transaction ID:** SA11AI.5952

Amount of Each Receipt this Period  
60.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 87  
(check only one)

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

**A.**

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

Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.6046

Amount of Each Receipt this Period 60.00

**B.**

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

Mailing Address 803 Via Marchella

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
02 / 12 / 2009

Transaction ID: SA11AI.5380

Amount of Each Receipt this Period 60.00

**C.**

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

Mailing Address 803 Via Marchella

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
02 / 26 / 2009

Transaction ID: SA11AI.5476

Amount of Each Receipt this Period 60.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 87		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation EVP & Chief Legal Officer	<b>Transaction ID:</b> SA11AI.5526
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="60.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation EVP & Chief Legal Officer	<b>Transaction ID:</b> SA11AI.5622
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="420.00"/>	<input type="text" value="60.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation EVP & Chief Legal Officer	<b>Transaction ID:</b> SA11AI.5680
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="480.00"/>	<input type="text" value="60.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="180.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 87  
(check only one)

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

**A.**

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

Mailing Address 803 Via Marchella

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

Transaction ID: SA11AI.5755

Amount of Each Receipt this Period  
60.00

**B.**

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

Mailing Address 803 Via Marchella

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2009

Transaction ID: SA11AI.5827

Amount of Each Receipt this Period  
60.00

**C.**

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

Mailing Address 803 Via Marchella

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2009

Transaction ID: SA11AI.5903

Amount of Each Receipt this Period  
60.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 87  
(check only one)

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

**A.**

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

Mailing Address 803 Via Marchella

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt MM / DD / YYYY  
06 / 04 / 2009

**Transaction ID:** SA11AI.5973

Amount of Each Receipt this Period 60.00

**B.**

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

Mailing Address 803 Via Marchella

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.6019

Amount of Each Receipt this Period 60.00

**C.**

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

Mailing Address 19 Heritage Pkwy

City State Zip Code  
Glenville NY 12302

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

Name of Employer MVP Occupation Director, UM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
05 / 20 / 2009

**Transaction ID:** SA11AI.5860

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **370.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 87		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Loudon	NH	03307
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation Vice President	<b>Transaction ID:</b> SA11AI.5297
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="240.00"/>	<input type="text" value="80.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Loudon	NH	03307
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation Vice President	<b>Transaction ID:</b> SA11AI.5420
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="320.00"/>	<input type="text" value="80.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Loudon	NH	03307
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation Vice President	<b>Transaction ID:</b> SA11AI.5465
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="400.00"/>	<input type="text" value="80.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 87  
(check only one)

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

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

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

**A.**

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 03 / 12 / 2009  
**Transaction ID: SA11AI.5534**  
Amount of Each Receipt this Period: 80.00

**B.**

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: SA11AI.5612**  
Amount of Each Receipt this Period: 80.00

**C.**

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt: 04 / 09 / 2009  
**Transaction ID: SA11AI.5645**  
Amount of Each Receipt this Period: 80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **240.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 87  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Christopher Henchey

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 04 / 23 / 2009  
**Transaction ID:** SA11AI.5719  
 Amount of Each Receipt this Period: 80.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher Henchey

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 05 / 07 / 2009  
**Transaction ID:** SA11AI.5833  
 Amount of Each Receipt this Period: 80.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher Henchey

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt: 05 / 21 / 2009  
**Transaction ID:** SA11AI.5867  
 Amount of Each Receipt this Period: 80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 87  
(check only one)

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

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

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

**A.**

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt: 06 / 04 / 2009  
**Transaction ID: SA11AI.5979**  
Amount of Each Receipt this Period: 80.00

**B.**

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID: SA11AI.6053**  
Amount of Each Receipt this Period: 80.00

**C.**

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 02 / 12 / 2009  
**Transaction ID: SA11AI.5416**  
Amount of Each Receipt this Period: 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
David Henderson  
 Mailing Address 1 Loudon Heights  
 City Loudonville State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, Sales and Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00  
 Date of Receipt MM / DD / YYYY 02 / 26 / 2009  
**Transaction ID:** SA11AI.5439  
 Amount of Each Receipt this Period 60.00

**B.** Full Name (Last, First, Middle Initial)  
David Henderson  
 Mailing Address 1 Loudon Heights  
 City Loudonville State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, Sales and Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00  
 Date of Receipt MM / DD / YYYY 03 / 12 / 2009  
**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 State NY Zip Code 12211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation EVP, Sales and Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00  
 Date of Receipt MM / DD / YYYY 03 / 26 / 2009  
**Transaction ID:** SA11AI.5607  
 Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 87  
(check only one)

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

**A.**

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 04 / 09 / 2009  
**Transaction ID: SA11AI.5684**  
 Amount of Each Receipt this Period: 60.00

**B.**

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt: 04 / 23 / 2009  
**Transaction ID: SA11AI.5757**  
 Amount of Each Receipt this Period: 60.00

**C.**

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 05 / 07 / 2009  
**Transaction ID: SA11AI.5829**  
 Amount of Each Receipt this Period: 60.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 87  
(check only one)

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

**A.**

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt: 05 / 21 / 2009  
**Transaction ID: SA11AI.5905**  
 Amount of Each Receipt this Period: 60.00

**B.**

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 06 / 04 / 2009  
**Transaction ID: SA11AI.5975**  
 Amount of Each Receipt this Period: 60.00

**C.**

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID: SA11AI.6021**  
 Amount of Each Receipt this Period: 60.00

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 87  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kim Ann Hess

Mailing Address 237 Jacobs Road

City State Zip Code  
Macedon NY 14502

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

Name of Employer MVP Service Corp. Occupation VP Medicaid & Safety Net

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.5586

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Kim Ann Hess

Mailing Address 237 Jacobs Road

City State Zip Code  
Macedon NY 14502

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

Name of Employer MVP Service Corp. Occupation VP Medicaid & Safety Net

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** SA11AI.5648

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Kim Ann Hess

Mailing Address 237 Jacobs Road

City State Zip Code  
Macedon NY 14502

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

Name of Employer MVP Service Corp. Occupation VP Medicaid & Safety Net

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** SA11AI.5722

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 87

(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kim Ann Hess

Mailing Address 237 Jacobs Road

City State Zip Code  
Macedon NY 14502

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

Name of Employer Occupation  
MVP Service Corp. VP Medicaid & Safety Net

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.5794

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
Kim Ann Hess

Mailing Address 237 Jacobs Road

City State Zip Code  
Macedon NY 14502

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

Name of Employer Occupation  
MVP Service Corp. VP Medicaid & Safety Net

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.5871

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
Kim Ann Hess

Mailing Address 237 Jacobs Road

City State Zip Code  
Macedon NY 14502

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

Name of Employer Occupation  
MVP Service Corp. VP Medicaid & Safety Net

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.5941

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kim Ann Hess  
 Mailing Address 237 Jacobs Road  
 City State Zip Code  
 Macedon NY 14502  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2009  
**Transaction ID:** SA11AI.6026  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Service Corp. Occupation VP Medicaid & Safety Net  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin Husted  
 Mailing Address 38 Fox Hill Drive  
 City State Zip Code  
 Fairport NY 14450  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2009  
**Transaction ID:** SA11AI.5587  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin Husted  
 Mailing Address 38 Fox Hill Drive  
 City State Zip Code  
 Fairport NY 14450  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2009  
**Transaction ID:** SA11AI.5649  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 87  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** SA11AI.5723

Amount of Each Receipt this Period  
30.00

**B.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2009

**Transaction ID:** SA11AI.5795

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2009

**Transaction ID:** SA11AI.5872

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 87  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

**Transaction ID:** SA11AI.5942

Amount of Each Receipt this Period  
30.00

**B.**

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

Mailing Address 38 Fox Hill Drive

City State Zip Code  
Fairport NY 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.6027

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 44 Surrey Mall

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation VP Contracts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2009

**Transaction ID:** SA11AI.6006

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 87  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
Dennis Kant

Mailing Address 11 White Briar

City Pittsford State NY Zip Code 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: SA11AI.5621**  
 Amount of Each Receipt this Period: 30.00

**B.**

Full Name (Last, First, Middle Initial)  
Dennis Kant

Mailing Address 11 White Briar

City Pittsford State NY Zip Code 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 09 / 2009  
**Transaction ID: SA11AI.5679**  
 Amount of Each Receipt this Period: 30.00

**C.**

Full Name (Last, First, Middle Initial)  
Dennis Kant

Mailing Address 11 White Briar

City Pittsford State NY Zip Code 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 04 / 23 / 2009  
**Transaction ID: SA11AI.5754**  
 Amount of Each Receipt this Period: 30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 87  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Dennis Kant

Mailing Address 11 White Briar

City Pittsford State NY Zip Code 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 07 / 2009  
**Transaction ID: SA11AI.5826**  
 Amount of Each Receipt this Period: 30.00

**B.**

Full Name (Last, First, Middle Initial)  
Dennis Kant

Mailing Address 11 White Briar

City Pittsford State NY Zip Code 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 05 / 21 / 2009  
**Transaction ID: SA11AI.5902**  
 Amount of Each Receipt this Period: 30.00

**C.**

Full Name (Last, First, Middle Initial)  
Dennis Kant

Mailing Address 11 White Briar

City Pittsford State NY Zip Code 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 04 / 2009  
**Transaction ID: SA11AI.5972**  
 Amount of Each Receipt this Period: 30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 87  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Dennis Kant

Mailing Address 11 White Briar

City Pittsford State NY Zip Code 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID: SA11AI.6018**  
 Amount of Each Receipt this Period: 30.00

**B.**

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: SA11AI.5615**  
 Amount of Each Receipt this Period: 30.00

**C.**

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 09 / 2009  
**Transaction ID: SA11AI.5652**  
 Amount of Each Receipt this Period: 30.00

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

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



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

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

FOR LINE NUMBER: PAGE 49 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph Lia  
Mailing Address 12 Sutherland Drive  
City Highland Mills State NY Zip Code 10930  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP of Mid-Hudson Region  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00  
Date of Receipt 04 / 23 / 2009  
Transaction ID: SA11AI.5726  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Lia  
Mailing Address 12 Sutherland Drive  
City Highland Mills State NY Zip Code 10930  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP of Mid-Hudson Region  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 07 / 2009  
Transaction ID: SA11AI.5798  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph Lia  
Mailing Address 12 Sutherland Drive  
City Highland Mills State NY Zip Code 10930  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP of Mid-Hudson Region  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 05 / 21 / 2009  
Transaction ID: SA11AI.5875  
Amount of Each Receipt this Period 30.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 87  
(check only one)

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

**A.**

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 06 / 04 / 2009  
**Transaction ID: SA11AI.5945**  
 Amount of Each Receipt this Period: 30.00

**B.**

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 06 / 18 / 2009  
**Transaction ID: SA11AI.6030**  
 Amount of Each Receipt this Period: 30.00

**C.**

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: SA11AI.5584**  
 Amount of Each Receipt this Period: 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A.**

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 09 / 2009

**Transaction ID: SA11AI.5664**

Amount of Each Receipt this Period 30.00

**B.**

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 23 / 2009

**Transaction ID: SA11AI.5739**

Amount of Each Receipt this Period 30.00

**C.**

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 07 / 2009

**Transaction ID: SA11AI.5811**

Amount of Each Receipt this Period 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A.**

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 05 / 21 / 2009

Transaction ID: SA11AI.5888

Amount of Each Receipt this Period 30.00

**B.**

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 04 / 2009

Transaction ID: SA11AI.5957

Amount of Each Receipt this Period 30.00

**C.**

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 18 / 2009

Transaction ID: SA11AI.6024

Amount of Each Receipt this Period 30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 300 Partridge Lane	<b>Transaction ID:</b> SA11AI.5601
	City State Zip Code Charlotte VT 05445	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt MM / DD / YYYY 04 / 09 / 2009
	Mailing Address 300 Partridge Lane	<b>Transaction ID:</b> SA11AI.5677
	City State Zip Code Charlotte VT 05445	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 300 Partridge Lane	<b>Transaction ID:</b> SA11AI.5731
	City State Zip Code Charlotte VT 05445	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> 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: <span style="float: right;">PAGE 54 / 87</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt MM / DD / YYYY 05 / 07 / 2009
	Mailing Address 300 Partridge Lane	<b>Transaction ID:</b> SA11AI.5824
	City State Zip Code Charlotte VT 05445	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt MM / DD / YYYY 05 / 21 / 2009
	Mailing Address 300 Partridge Lane	<b>Transaction ID:</b> SA11AI.5879
	City State Zip Code Charlotte VT 05445	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 330.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 300 Partridge Lane	<b>Transaction ID:</b> SA11AI.5970
	City State Zip Code Charlotte VT 05445	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Service Corp. Occupation VP Vermont Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> 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 55 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
William V. Little  
 Mailing Address 300 Partridge Lane  
 City State Zip Code  
 Charlotte VT 05445  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2009  
**Transaction ID:** SA11AI.6043  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Service Corp. Occupation VP Vermont  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

**B.** Full Name (Last, First, Middle Initial)  
Carl Maleri, Jr.  
 Mailing Address 19 Crimson Way  
 City State Zip Code  
 Webster NY 14580  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 26 / 2009  
**Transaction ID:** SA11AI.5482  
 Amount of Each Receipt this Period  
 40.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP, Underwriting and Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

**C.** Full Name (Last, First, Middle Initial)  
Carl Maleri, Jr.  
 Mailing Address 19 Crimson Way  
 City State Zip Code  
 Webster NY 14580  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2009  
**Transaction ID:** SA11AI.5498  
 Amount of Each Receipt this Period  
 40.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP, Underwriting and Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 110.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 87  
(check only one)

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

**A.**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: SA11AI.5577**  
 Amount of Each Receipt this Period: 40.00

**B.**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 04 / 09 / 2009  
**Transaction ID: SA11AI.5643**  
 Amount of Each Receipt this Period: 40.00

**C.**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 23 / 2009  
**Transaction ID: SA11AI.5717**  
 Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 87  
(check only one)

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

**A.**

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

Mailing Address 19 Crimson Way

City State Zip Code  
Webster NY 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	9

**Transaction ID:** SA11AI.5835

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 19 Crimson Way

City State Zip Code  
Webster NY 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	0	9

**Transaction ID:** SA11AI.5865

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 19 Crimson Way

City State Zip Code  
Webster NY 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	0	9

**Transaction ID:** SA11AI.5981

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt MM / DD / YYYY 06 / 18 / 2009		
	Mailing Address 19 Crimson Way		<b>Transaction ID:</b> SA11AI.6060		
	City Webster	State NY	Zip Code 14580	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MVP	Occupation VP, Underwriting and Analysis			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 560.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt MM / DD / YYYY 03 / 12 / 2009		
	Mailing Address 21 Joellen Drive		<b>Transaction ID:</b> SA11AI.5523		
	City Rochester	State NY	Zip Code 14626	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MVP	Occupation VP, Business Excellence			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt MM / DD / YYYY 03 / 26 / 2009		
	Mailing Address 21 Joellen Drive		<b>Transaction ID:</b> SA11AI.5585		
	City Rochester	State NY	Zip Code 14626	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MVP	Occupation VP, Business Excellence			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	120.00
<b>TOTAL</b> 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 59 / 87  
(check only one)

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

**A.**

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	9	/	2	0	0	9

**Transaction ID:** SA11AI.5665

Amount of Each Receipt this Period 40.00

**B.**

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	3	/	2	0	0	9

**Transaction ID:** SA11AI.5721

Amount of Each Receipt this Period 40.00

**C.**

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	0	9

**Transaction ID:** SA11AI.5812

Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 87  
(check only one)

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

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

**A.**

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2009

Transaction ID: SA11AI.5870

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

Transaction ID: SA11AI.5958

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

Transaction ID: SA11AI.6025

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 87  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt MM / DD / YYYY 02 / 26 / 2009
Mailing Address 54 Henderson Road		<b>Transaction ID:</b> SA11AI.5469
City Glenmont	State NY	Zip Code 12077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MVP	Occupation EVP, HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt MM / DD / YYYY 03 / 12 / 2009
Mailing Address 54 Henderson Road		<b>Transaction ID:</b> SA11AI.5538
City Glenmont	State NY	Zip Code 12077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MVP	Occupation EVP, HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt MM / DD / YYYY 03 / 26 / 2009
Mailing Address 54 Henderson Road		<b>Transaction ID:</b> SA11AI.5616
City Glenmont	State NY	Zip Code 12077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer MVP	Occupation EVP, HR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> 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 62 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James Morrill  
Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

Transaction ID: SA11AI.5653

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
James Morrill  
Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

Transaction ID: SA11AI.5727

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
James Morrill  
Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2009

Transaction ID: SA11AI.5800

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**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 63 / 87

(check only one)

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

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

**A.**

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

Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer Occupation  
MVP EVP, HR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	0	9

Transaction ID: SA11AI.5876

Amount of Each Receipt this Period

50.00
-------

**B.**

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

Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer Occupation  
MVP EVP, HR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	0	9

Transaction ID: SA11AI.5946

Amount of Each Receipt this Period

50.00
-------

**C.**

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

Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer Occupation  
MVP EVP, HR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	9

Transaction ID: SA11AI.6013

Amount of Each Receipt this Period

50.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

150.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 87  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
MVP Service Corp

Mailing Address 625 State St

City State Zip Code  
Schenectady NY 12305

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1294.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2009

**Transaction ID:** SA11AI.6125

Amount of Each Receipt this Period  
1294.00

Money posted at bank error

**B.**

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

Mailing Address 3 Clare Castle

City State Zip Code  
Albany NY 12205

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

Name of Employer Occupation  
MVP Corp VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.5606

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 3 Clare Castle

City State Zip Code  
Albany NY 12205

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

Name of Employer Occupation  
MVP Corp VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
04 / 09 / 2009

**Transaction ID:** SA11AI.5682

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1354.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: MM / DD / YYYY  
04 / 23 / 2009

Transaction ID: SA11AI.5756

Amount of Each Receipt this Period 30.00

**B.**

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
05 / 07 / 2009

Transaction ID: SA11AI.5828

Amount of Each Receipt this Period 30.00

**C.**

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: MM / DD / YYYY  
05 / 21 / 2009

Transaction ID: SA11AI.5904

Amount of Each Receipt this Period 30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 87		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Orlando	Date of Receipt
	Mailing Address 3 Clare Castle	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 04 / 2009
	City Albany State NY Zip Code 12205	<b>Transaction ID:</b> SA11AI.5974
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 30.00
	Name of Employer MVP Occupation Corp VP of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Orlando	Date of Receipt
	Mailing Address 3 Clare Castle	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 06 / 18 / 2009
	City Albany State NY Zip Code 12205	<b>Transaction ID:</b> SA11AI.6020
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 30.00
	Name of Employer MVP Occupation Corp VP of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 390.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ellen Runyon	Date of Receipt
	Mailing Address 625 State Street	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 05 / 21 / 2009
	City Schenectady State NY Zip Code 12047	<b>Transaction ID:</b> SA11AI.5890
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 20.00
	Name of Employer MVP Occupation VP of E Business Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <input type="text"/> 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 80.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ellen Runyon  
Mailing Address 625 State Street  
City Schenectady State NY Zip Code 12047  
FEC ID number of contributing federal political committee. C  
Name of Employer MVP Occupation VP of E Business  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 06 / 04 / 2009  
**Transaction ID:** SA11AI.5960  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Ellen Runyon  
Mailing Address 625 State Street  
City Schenectady State NY Zip Code 12047  
FEC ID number of contributing federal political committee. C  
Name of Employer MVP Occupation VP of E Business  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 06 / 18 / 2009  
**Transaction ID:** SA11AI.6032  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas Ryan  
Mailing Address 24 Bluestone Ridge  
City Clifton Park State NY Zip Code 12065  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 06 / 05 / 2009  
**Transaction ID:** SA11AI.5987  
Amount of Each Receipt this Period 30.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 24 Bluestone Ridge

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 0 9

**Transaction ID:** SA11AI.6065

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Dawn Ryman

Mailing Address 213 Hansen Avenue

City State Zip Code  
Albany NY 12208

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

Name of Employer Occupation  
MVP VP of Legal Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

**Transaction ID:** SA11AI.5589

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Dawn Ryman

Mailing Address 213 Hansen Avenue

City State Zip Code  
Albany NY 12208

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

Name of Employer Occupation  
MVP VP of Legal Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 9

**Transaction ID:** SA11AI.5681

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 87  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dawn Ryman

Mailing Address 213 Hansen Avenue

City Albany State NY Zip Code 12208

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

Name of Employer MVP Occupation VP of Legal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 23 / 2009  
**Transaction ID:** SA11AI.5751  
 Amount of Each Receipt this Period: 0.00

**B.**

Full Name (Last, First, Middle Initial)  
Dawn Ryman

Mailing Address 213 Hansen Avenue

City Albany State NY Zip Code 12208

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

Name of Employer MVP Occupation VP of Legal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 04 / 24 / 2009  
**Transaction ID:** SA11AI.5777  
 Amount of Each Receipt this Period: 30.00

**C.**

Full Name (Last, First, Middle Initial)  
Dawn Ryman

Mailing Address 213 Hansen Avenue

City Albany State NY Zip Code 12208

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

Name of Employer MVP Occupation VP of Legal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 08 / 2009  
**Transaction ID:** SA11AI.5858  
 Amount of Each Receipt this Period: 30.00

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

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

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

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

FOR LINE NUMBER: PAGE 70 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dawn Ryman  
Mailing Address 213 Hansen Avenue  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP of Legal Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 05 / 22 / 2009  
Transaction ID: SA11AI.5933  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Dawn Ryman  
Mailing Address 213 Hansen Avenue  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP of Legal Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00  
Date of Receipt 06 / 05 / 2009  
Transaction ID: SA11AI.6005  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Dawn Ryman  
Mailing Address 213 Hansen Avenue  
City Albany State NY Zip Code 12208  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP of Legal Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00  
Date of Receipt 06 / 19 / 2009  
Transaction ID: SA11AI.6085  
Amount of Each Receipt this Period 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 87
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 160 Fifth Avenue	<b>Transaction ID:</b> SA11AI.5609
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 04 / 09 / 2009
	Mailing Address 160 Fifth Avenue	<b>Transaction ID:</b> SA11AI.5686
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 160 Fifth Avenue	<b>Transaction ID:</b> SA11AI.5759
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> 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 72 / 87  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Daniel Sauer  
Mailing Address 160 Fifth Avenue  
City Saratoga Springs State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 05 / 07 / 2009  
Transaction ID: SA11AI.5831  
Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel Sauer  
Mailing Address 160 Fifth Avenue  
City Saratoga Springs State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 05 / 21 / 2009  
Transaction ID: SA11AI.5907  
Amount of Each Receipt this Period 30.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel Sauer  
Mailing Address 160 Fifth Avenue  
City Saratoga Springs State NY Zip Code 12866  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00  
Date of Receipt 06 / 04 / 2009  
Transaction ID: SA11AI.5977  
Amount of Each Receipt this Period 30.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 06 / 18 / 2009
	Mailing Address 160 Fifth Avenue	<b>Transaction ID:</b> SA11AI.6050
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 390.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tracy Tadar-Ott	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 33 Everett Drive	<b>Transaction ID:</b> SA11AI.5602
	City State Zip Code Rochester NY 14624	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Tracy Tadar-Ott	Date of Receipt MM / DD / YYYY 04 / 09 / 2009
	Mailing Address 33 Everett Drive	<b>Transaction ID:</b> SA11AI.5657
	City State Zip Code Rochester NY 14624	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> 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 74 / 87  
(check only one)

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

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

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

**A.**

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 3 / 2 0 0 9

**Transaction ID:** SA11AI.5732

Amount of Each Receipt this Period  
30.00

**B.**

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 9

**Transaction ID:** SA11AI.5804

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.5880

Amount of Each Receipt this Period  
30.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.**

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2009

**Transaction ID:** SA11AI.5950

Amount of Each Receipt this Period  
30.00

**B.**

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2009

**Transaction ID:** SA11AI.6044

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
Middletown CT 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** SA11AI.5614

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 87  
(check only one)

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

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

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

**A.**

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

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 09 / 2009  
**Transaction ID: SA11AI.5651**  
 Amount of Each Receipt this Period: 30.00

**B.**

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

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 04 / 23 / 2009  
**Transaction ID: SA11AI.5725**  
 Amount of Each Receipt this Period: 30.00

**C.**

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

Mailing Address 85 Pinehurst Place

City Middletown State CT Zip Code 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 07 / 2009  
**Transaction ID: SA11AI.5797**  
 Amount of Each Receipt this Period: 30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 87  
(check only one)

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

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

**A.**

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
Middletown CT 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 0 9

**Transaction ID:** SA11AI.5874

Amount of Each Receipt this Period  
30.00

**B.**

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
Middletown CT 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 4 / 2 0 0 9

**Transaction ID:** SA11AI.5944

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
Middletown CT 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 1 8 / 2 0 0 9

**Transaction ID:** SA11AI.6029

Amount of Each Receipt this Period  
30.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt MM / DD / YYYY 03 / 26 / 2009
	Mailing Address 30 Wilton Court	<b>Transaction ID:</b> SA11AI.5592
	City State Zip Code Clifton Park NY 12065	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 210.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt MM / DD / YYYY 04 / 09 / 2009
	Mailing Address 30 Wilton Court	<b>Transaction ID:</b> SA11AI.5668
	City State Zip Code Clifton Park NY 12065	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 240.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt MM / DD / YYYY 04 / 23 / 2009
	Mailing Address 30 Wilton Court	<b>Transaction ID:</b> SA11AI.5742
	City State Zip Code Clifton Park NY 12065	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 87
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	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 0 5 / 0 7 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5815
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer MVP		Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		300.00		

<b>B.</b>	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 0 5 / 2 1 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5891
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer MVP		Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		330.00		

<b>C.</b>	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 0 6 / 0 4 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5961
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		30.00	
Name of Employer MVP		Occupation Associate Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> 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 80 / 87  
(check only one)

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

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

A.

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

Mailing Address 30 Wilton Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer Occupation  
MVP Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.6033

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	30.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11718.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AHIP PAC Administrative Account	Transaction ID: SB23.6097 Date of Disbursement
	Mailing Address 601 Pennsylvania Avenue, NW	<input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Washington State DC Zip Code 20004	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MICHAEL A. ARCURI	Transaction ID: SB23.6116 Date of Disbursement
	Mailing Address PO Box 8508	<input type="text" value="06"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RICHARD M BURR	Transaction ID: SB23.6121 Date of Disbursement
	Mailing Address POST OFFICE BOX 5928	<input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City WINSTON-SALEM State NC Zip Code 27113	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name RICHARD M BURR	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER J DODD	Transaction ID: SB23.6118 Date of Disbursement 03 / 05 / 2009
	Mailing Address PO BOX 270701	Amount of Each Disbursement this Period 1000.00
	City WEST HARTFORD State CT Zip Code 06127	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHRISTOPHER J DODD	Transaction ID: SB23.6120 Date of Disbursement 03 / 05 / 2009
	Mailing Address PO BOX 270701	Amount of Each Disbursement this Period 0.00
	City WEST HARTFORD State CT Zip Code 06127	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kirsten GILLIBRAND FOR SENATE	Transaction ID: SB23.6098 Date of Disbursement 03 / 30 / 2009
	Mailing Address 313 C STREET NE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER J. LEE  Mailing Address 6347 EVERWOOD CT NORTH  City EAST AMHERST State NY Zip Code 14051  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 26	Transaction ID: SB23.6114 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9  Amount of Each Disbursement this Period <input type="text" value="2000.00"/>
<b>B.</b>	Full Name (Last, First, Middle Initial) John Lynch  Mailing Address Lynch Committee 2010 PO Box 1703  City Concord State NH Zip Code 03302  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23.6123 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9  Amount of Each Disbursement this Period <input type="text" value="100.00"/>
<b>C.</b>	Full Name (Last, First, Middle Initial) Eric MASSA FOR CONGRESS  Mailing Address 60 East Market Street Suite 244  City Corning State NY Zip Code 14830  Purpose of Disbursement <input type="text"/>  Candidate Name <input type="text"/> Category/Type <input type="text"/>  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 29	Transaction ID: SB23.6102 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 9  Amount of Each Disbursement this Period <input type="text" value="0.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<input type="text" value="2100.00"/>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL E. MR. MCMAHON

Mailing Address 66 Arnold Street

City Staten Island State NY Zip Code 10301

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: NY District: 13

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6117  
Date of Disbursement 06 / 26 / 2009

Amount of Each Disbursement this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
ROB PORTMAN

Mailing Address 203 MIAMI AVENUE

City CINCINNATI State OH Zip Code 45174

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: OH District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6112  
Date of Disbursement 06 / 02 / 2009

Amount of Each Disbursement this Period 2000.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES TEDISCO

Mailing Address 32 PRAISE LANE

City GLENNVILLE State NY Zip Code 12302

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: NY District: 20

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.6100  
Date of Disbursement 04 / 08 / 2009

Amount of Each Disbursement this Period 1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 87

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

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

A.

Full Name (Last, First, Middle Initial)  
James TEDISCO FOR CONGRESS

Mailing Address 1707 Route 9

City State Zip Code  
Clifton Park NY 12065

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.6095  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... ►

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 86 / 87

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

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

A.

Full Name (Last, First, Middle Initial)  
MVP Health Care Inc. Federal PAC

Mailing Address 625 State Street

City State Zip Code  
Schenectady NY 12305

Purpose of Disbursement  
PAC refunded bank error from 1-30-09

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.6129

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... ►

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

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

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

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

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

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

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

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