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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines MVP Health Care Inc. Federal PAC 625 State Street ADDRESS (number and street) Check if different than previously Schenectady NY 12305 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00431429 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: **Termination Report** (TER) in the 02 2010 NY 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Frank Fanshawe Type or Print Name of Treasurer Electronically Filed by Mr. Frank Fanshawe 12 02 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2 / 53

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

FEC Form 3X (Rev. 02/2003)

22 1 0 14 2010 11 2010 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010° 36764.84 January 1 (b) Cash on Hand at 43615.34 Begining of Reporting Period ..... 4927.00 42825.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 48542.34 79589.84 6(a) and 6(c) for Column B) ..... 8000.00 39047.50 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 40542.34 40542.34 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 483.00 Schedule C and/or Schedule D) ..... 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) 3 / 53

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period:

From:

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|              | I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------|--|-------------------------------|-----------------------------------|
|              | Contributions (other than loans) From:  a) Individuals/Persons Other |                               |                                   |
| (6           | Than Political Committees  (i) Itemized (use Schedule A)             | 3841.00                       | 26265.00                          |
|              | (ii) Unitemized  | 1086.00                       | 16560.00                          |
|              | (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)                          | 4927.00                       | 42825.00                          |
| (k           | o) Political Party Committees  | 0.00                          | 0.00                              |
| `            | c) Other Political Committees (such as PACs)                         | 0.00                          | 0.00                              |
|              | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)            | 4927.00                       | 42825.00                          |
|              | ransfers From Affiliated/Other                                       | 0.00                          | 0.00                              |
| 3. A         | II Loans Received  | 0.00                          | 0.00                              |
| 1. L<br>5. C | oan Repayments Received  | 0.00                          | 0.00                              |
| (I<br>()     | Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)             | 0.00                          | 0.00                              |
| to           | b Federal candidates and Other Colitical Committees                  | 0.00                          | 0.00                              |
|              | Other Federal Receipts Dividends, Interest, etc.)                    | 0.00                          | 0.00                              |
|              | ransfers from Non-Federal and Levin Funds                            |                               |                                   |
| (8           | a) Non-Federal Account (from Schedule H3)                            | 0.00                          | 0.00                              |
| (k           | b) Levin Funds (from Schedule H5)                                    | 0.00                          | 0.00                              |
| (0           | c) Total Transfer (add 18(a) and 18(b)).                             | 0.00                          | 0.00                              |
|              | otal Receipts (add Lines 11(d),<br>2, 13, 14, 15, 16, 17, and 18(c)) | 4927.00                       | 42825.00                          |
|              | otal Federal Receipts ubtract Line 18(c) from Line 19)               | 4927.00                       | 42825.00                          |

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

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| II. DISBURSEMENTS   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| Operating Expenditures:      (a) Shared Federal/Non-Federal                   |                               |                                   |
| Activity (from Schedule H4)   | 0.00                          | 0.00                              |
| (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                              |
| 2. Transfers to Affiliated/Other Party Committees                             | 0.00                          | 0.00                              |
| Contributions to  | 0.00                          |                                   |
| Federal Candidates/Committeesand Other Political Committees                   | 8000.00                       | 39000.00                          |
| Independent Expenditure   | 0.00                          | 0.00                              |
| (use Schedule E)  | 0.00                          | 0.00                              |
| Committees (2 U.S.C. 441a(d))<br>(use Schedule F)                             | 0.00                          | 0.00                              |
| S. Loan Repayments Made   | 0.00                          | 0.00                              |
| 7. Loans Made   | 0.00                          | 0.00                              |
| Refunds of Contributions To:     (a) Individuals/Persons Other                |                               |                                   |
| Than Political Committees   | 0.00                          | 30.00                             |
| (b) Political Party Committees  | 0.00                          | 0.00                              |
| (c) Other Political Committees  | 0.00                          | 0.00                              |
| (such as PACs)  | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))                | 0.00                          | 30.00                             |
| (add Lines 20(a), (b), and (0))   |                               | 0 0 0 0 0 0 0                     |
| O. Other Disbursements  | 0.00                          | 17.50                             |
| . Federal Election Activity (2 U.S.C 431(20))                                 |                               |                                   |
| (a) Shared Federal Election Activity  |                               |                                   |
| (from Schedule H6) (i) Federal Share  | 0.00                          | 0.00                              |
| (i) i caci ai Gilai c   |                               |                                   |
| (ii) "Levin" Share  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds                | 0.00                          | 0.00                              |
|   |                               |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00                          | 0.00                              |
| Total Disbursements (add Lines 21(c), 22,                                     |                               |                                   |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c))                                      | 8000.00                       | 39047.50                          |
| 2. Total Federal Disbursements  |                               |                                   |
| (subtract Line 21(a)(ii) and Line 30(a)(ii)                                   | 2222.22                       | 20247.52                          |
| from Line 31)   | 8000.00                       | 39047.50                          |

### **DETAILED SUMMARY PAGE**

of Disbursements

|     | III. Net Contributions/Operating<br>Expenditures                        | COLUMN A Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-----|---|----------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3)         | 4927.00                    | 42825.00                          |
| 34. | Total Contribution Refunds<br>(from Line 28(d))                         | 0.00                       | 30.00                             |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33)    | 4927.00                    | 42795.00                          |
| 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                              |

FE6AN026

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                          | FOR LINE NUMBER: PAGE 6 / 53 (check only one)    X   11a  |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC  | Statements may not be sold or used by any pers le name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee.         |
| Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive  City Scotia  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp  Receipt For: | State Zip Code NY 12302  C  Occupation VP, Sales Ops  Aggregate Year-to-Date ▼                   | Date of Receipt  10 21 2010  Transaction ID: SA11AI.9499  Amount of Each Receipt this Period  30.00 |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive  | 630.00   | Date of Receipt  1 1 0 4 2 0 1 0  |
| City Scotia FEC ID number of contributing federal political committee.   | State Zip Code NY 12302  | Transaction ID: SA11AI.9500  Amount of Each Receipt this Period  30.00                              |
| Name of Employer MVP Service Corp  Receipt For:  Primary General Other (specify) ▼   | Occupation VP, Sales Ops  Aggregate Year-to-Date   660.00  |   |
| Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive   |  | Date of Receipt  1 1 1 1 8 2 0 1 0  |
| City Scotia  FEC ID number of contributing federal political committee.  | State Zip Code NY 12302  | Transaction ID: SA11AI.9501  Amount of Each Receipt this Period  30.00                              |
| Name of Employer MVP Service Corp  Receipt For:  Primary General Other (specify) ▼   | Occupation VP, Sales Ops  Aggregate Year-to-Date ▼  690.00                                       |   |
| SUBTOTAL of Receipts This Page (optional)  |  | 90.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 7 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |
|---|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC       | d Statements may not be sold or used by any perso<br>the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court  City Delmar  FEC ID number of contributing                              | State Zip Code<br>NY 12054  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| Receipt For:  Primary  Other (specify) ▼  | Occupation Administrative  Aggregate Year-to-Date   420.00  |  |
| Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court  City Delmar   | State Zip Code NY 12054   | Date of Receipt    M   |
| FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)                                | Occupation Administrative  Aggregate Year-to-Date   440.00  | 20.00  |
| Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court  City Delmar  FEC ID number of contributing federal political committee. | State Zip Code NY 12054   | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼   | Occupation Administrative  Aggregate Year-to-Date ▼  460.00   |  |
| SUBTOTAL of Receipts This Page (optional  | )   | 60.00  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                         | FOR LINE NUMBER: PAGE 8 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC | Statements may not be sold or used by any pers e name and address of any political committee to | on for the purpose of soliciting contributions                              |
| ,   |   |   |
| Full Name (Last, First, Middle Initial) Carl Cameron  |   | Date of Receipt   |
| Mailing Address 285 Willowcrest Drive   |   | 10 21 2010  |
| City  | State Zip Code  | Transaction ID: SA11AI.9514   |
| Rochester   | NY 14618  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 30.00   |
| Name of Employer<br>MVP   | Occupation VP Medical Director  |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 630.00  |   |
| Full Name (Last, First, Middle Initial)<br>Carl Cameron   | .1  | Date of Receipt   |
| Mailing Address 285 Willowcrest Drive   | )   | 1 1 0 4 2 0 1 0   |
| City  | State Zip Code  | Transaction ID: SA11AI.9515   |
| Rochester   | NY 14618  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 30.00   |
| Name of Employer<br>MVP   | Occupation VP Medical Director  |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 660.00  |   |
| Full Name (Last, First, Middle Initial) Carl Cameron  |   | Date of Receipt   |
| Mailing Address 285 Willowcrest Drive   | 9   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                 |
| City  | State Zip Code  | Transaction ID: SA11AI.9516   |
| Rochester   | NY 14618  | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C   | 30.00   |
| Name of Employer<br>MVP   | Occupation VP Medical Director  |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 690.00  |   |
| SUBTOTAL of Receipts This Page (optional)   |   | 90.00   |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | Use separate for each categ  Detailed Sumr                         | gory of the X 11a 11b 11c 12  |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the commercial purposes. | Statements may not be sold or us e name and address of any politic | sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC  |  |   |
| Full Name (Last, First, Middle Initial)<br>Laura Davis   |  | Date of Receipt   |
| Mailing Address 212 Meriline Ave.  |  | 10 21 2010  |
| City   | State Zip Code   | Transaction ID: SA11Al.9529   |
| Scotia   | NY 12302   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | 20.00   |
| Name of Employer<br>MVP Health Care Inc  | Occupation Clinical Pharmacist                                     |   |
| Receipt For:   | Aggregate Year-to-Date ▼   | ,   |
| Primary General Other (specify) ▼  | riggiogate real to Bate  | 220.00  |
| Full Name (Last, First, Middle Initial)<br>Laura Davis   | -1   | Date of Receipt   |
| Mailing Address 212 Meriline Ave.  |  | 1 1 0 4 2 0 1 0   |
| City   | State Zip Code   | Transaction ID: SA11AI.9530   |
| Scotia   | NY 12302   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | 20.00   |
| Name of Employer<br>MVP Health Care Inc  | Occupation Clinical Pharmacist                                     |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼   | 240.00  |
| Full Name (Last, First, Middle Initial)<br>Laura Davis   | <u> </u>   | Date of Receipt   |
| Mailing Address 212 Meriline Ave.  |  | 1 1 1 8 2 0 1 0   |
| City   | State Zip Code   | Transaction ID: SA11AI.9531   |
| Scotia   | NY 12302   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.   | C  | 20.00   |
| Name of Employer<br>MVP Health Care Inc  | Occupation Clinical Pharmacist                                     |   |
| Receipt For:   | Aggregate Year-to-Date ▼   | ,   |
| Primary General Other (specify) ▼  |  | 260.00  |
| 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 10 / 53 (check only one)    X   11a                                   |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC | Statements may not be sold or used by any perse name and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Patricia Deferio  Mailing Address 7723 Majestic Drive   |  | Date of Receipt  1 0 2 1 2 0 1 0  |
| City<br>Liverpool   | State Zip Code<br>NY 13090   | Transaction ID: SA11AI.9532  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.  | C  | 40.00   |
| Name of Employer<br>MVP   | Occupation Regional Network Director   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 750.00  |   |
| Full Name (Last, First, Middle Initial) Patricia Deferio  Mailing Address 7723 Majestic Drive   |  | Date of Receipt   |
| City  | State Zip Code   | 1 1 0 4 2 0 1 0<br>Transaction ID: SA11AI.9533  |
| Liverpool   | NY 13090   | Amount of Each Receipt this Period  |
| FEC ID number of contributing federal political committee.  | C  | 40.00   |
| Name of Employer<br>MVP   | Occupation Regional Network Director   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 790.00  |   |
| Full Name (Last, First, Middle Initial)<br>Patricia Deferio   |  | Date of Receipt   |
| Mailing Address 7723 Majestic Drive   |  | M M / D D / Y Y Y Y Y 1 1 1 1 8 2 0 1 0   |
| City<br><u>Liverpool</u>  | State Zip Code<br>NY 13090   | Transaction ID: SA11AI.9534  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.  | C  | 40.00   |
| Name of Employer<br>MVP   | Occupation Regional Network Director   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  830.00   |   |
| SUBTOTAL of Receipts This Page (optional) .   | •  | 120.00  |

| SCHEDULE A   | (FEC Form 3X)<br>CEIPTS                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page         | FOR LINE NUMBER: PAGE 11 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                     |
|--|---|---|---|
| or for commercial purp   | oses, other than using the name           | nts may not be sold or used by any perso<br>and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee.           |
| City Schenectady FEC ID number of federal political com Name of Employer MVP | S N Contributing mittee.                  | cupation<br>easurer   | Date of Receipt  10 21 2010  Transaction ID: SA11AI.9541  Amount of Each Receipt this Period  40.00 |
| Receipt For: Primary Other (specif   | General                                   | gregate Year-to-Date ▼ 740.00   |   |
| Full Name (Last, Fi<br>Mr. Frank Fanshawe<br>Mailing Address                 | 430 Ridgehill Road                        |   | Date of Receipt  1 1 0 4 7 2 0 1 0  |
| City Schenectady FEC ID number of federal political com                      | contributing                              | tate Zip Code<br>IY 12303   | Transaction ID: SA11AI.9542  Amount of Each Receipt this Period  40.00                              |
| Name of Employer MVP  Receipt For: Primary Other (specification)             | Tre Ag General                            | cupation easurer gregate Year-to-Date ▼ 780.00  |   |
| Full Name (Last, Fi<br>Mr. Frank Fanshawe<br>Mailing Address                 | rst, Middle Initial) 430 Ridgehill Road   |   | Date of Receipt  1 1 1 1 8 2 0 1 0  |
| City Schenectady FEC ID number of  | N. C. | tate Zip Code<br>IY 12303   | Transaction ID: SA11AI.9543  Amount of Each Receipt this Period                                     |
| federal political com  Name of Employer MVP                                  | mittee.                                   | cupation  | 40.00   |
| Receipt For: Primary Other (specify  | Ag General                                | gregate Year-to-Date ▼ 820.00   |   |
| SUBTOTAL of Recei  | ots This Page (optional)                  |   | 120.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | <b>.</b> )                           | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 12 / 53   (check only one) |
|---|--------------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may<br>the name and add | not be sold or used by any persodress of any political committee to           | on for the purpose of soliciting contributions     |
| NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                             |                                      | 71  |  |
| Full Name (Last, First, Middle Initial) Mark Fish   |                                      |   | Date of Receipt                                    |
| Mailing Address 500 Normanskill Pla   | 10 21 2010                           |   |  |
| City  | State<br>NY                          | Zip Code  | Transaction ID: SA11AI.9554                        |
| Slingerlands  FEC ID number of contributing federal political committee.                  | C                                    | 12159   | Amount of Each Receipt this Period  60.00          |
| Name of Employer<br>MVP   | Occupation<br>EVP Net                | n<br>work Management  |  |
| Receipt For:  Primary General  Other (specify)  |                                      | Year-to-Date ▼<br>1080.00   |  |
| Full Name (Last, First, Middle Initial) Mark Fish   |                                      |   | Date of Receipt                                    |
| Mailing Address 500 Normanskill Place   |                                      |   | M M / D D / Y Y Y Y Y 1 Y 1 1 1 0 4 2 0 1 0        |
| City  | State<br>NY                          | Zip Code  | Transaction ID: SA11AI.9555                        |
| Slingerlands  FEC ID number of contributing federal political committee.                  | C                                    | 12159   | Amount of Each Receipt this Period  60.00          |
| Name of Employer<br>MVP   | Occupation<br>EVP Net                | n<br>work Management  |  |
| Receipt For:  Primary General  Other (specify) ▼  |                                      | Year-to-Date ▼<br>1140.00   |  |
| Full Name (Last, First, Middle Initial)<br>Mark Fish                                      |                                      |   | Date of Receipt                                    |
| Mailing Address 500 Normanskill Place   |                                      |   | M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 1 8 2 0 1 0      |
| City<br>Slingerlands  | State<br>NY                          | Zip Code<br>12159   | Transaction ID: SA11AI.9556                        |
| FEC ID number of contributing federal political committee.                                | C                                    | 12139   | Amount of Each Receipt this Period  60.00          |
| Name of Employer<br>MVP   | Occupation<br>EVP Netv               | n<br>work Management  |  |
| Receipt For:  Primary General  Other (specify) ▼  | <del>'</del>                         | Year-to-Date ▼<br>1200.00   |  |
| SUBTOTAL of Receipts This Page (optional  | )                                    |   | 180.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 53 (check only one)    X   |
|---|-----------------------------------|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC   | Statements may<br>e name and add  | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions  |
| Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City Delmar  FEC ID number of contributing federal political committee.  | State<br>NY                       | Zip Code<br>12054   | Date of Receipt  M M / D D / Y Y Y Y Y  1 0 2 2 2 2 0 1 0  Transaction ID: SA11AI.9563  Amount of Each Receipt this Period  20.00   |
| Name of Employer  Receipt For:  Primary General  Other (specify) ▼  | Occupatio Aggregate               | e Year-to-Date ▼ 330.00   |   |
| Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City Delmar  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)  | State NY  C  Occupatio  Aggregate | Zip Code<br>12054<br>n<br>e Year-to-Date ▼                                    | Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1 0 5 2 0 1 0  Transaction ID: SA11AI.9564  Amount of Each Receipt this Period  20.00 |
| Full Name (Last, First, Middle Initial) John Gajewski  Mailing Address 166 Jordan Blvd  City Delmar  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) | State NY  C  Occupatio  Aggregate | Zip Code 12054  n  e Year-to-Date ▼ 370.00                                    | Date of Receipt  M M / D D / Y Y Y Y  1 1 9 2 0 1 0  Transaction ID: SA11AI.9565  Amount of Each Receipt this Period  20.00         |
| SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number  |                                   | •   | 60.00   |

|        | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 14 / 53 (check only one)    X   11a   |
|--------|---|--|---|
| A<br>0 | ny information copied from such Reports and S<br>r for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full) | statements may not be sold or used by any per<br>name and address of any political committee | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
|        | MVP Health Care Inc. Federal PAC  |  |   |
| ۱.     | Full Name (Last, First, Middle Initial) Dominic Galante  Mailing Address 220 Alexander Street                                   |  | Date of Receipt   |
|        | City  | State Zip Code   | 1 0 2 1 2 0 1 0<br>Transaction ID: SA11AI.9566  |
|        | ROchester   | NY 14607   | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.  | C  | 30.00   |
|        | Name of Employer<br>MVP Health Care   | Occupation   |   |
|        | Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 330.00  |   |
|        | Full Name (Last, First, Middle Initial)<br>Dominic Galante  |  | Date of Receipt   |
|        | Mailing Address 220 Alexander Street  | 11   |   |
|        | City  | State Zip Code   | Transaction ID: SA11AI.9567   |
|        | ROchester   | NY 14607   | Amount of Each Receipt this Period  |
|        | FEC ID number of contributing federal political committee.  | C  | 30.00   |
|        | Name of Employer<br>MVP Health Care   | Occupation   |   |
|        | Receipt For:  | Aggregate Year-to-Date ▼   |   |
|        | Primary General Other (specify) ▼   | 360.00   |   |
| _      | Full Name (Last, First, Middle Initial)<br>Dominic Galante  |  | Date of Receipt   |
|        | Mailing Address 220 Alexander Street  |  | 11 18 2010  |
|        | City  | State Zip Code   | Transaction ID: SA11AI.9568   |
|        | ROchester FEC ID number of contributing federal political committee.  | NY 14607   | Amount of Each Receipt this Period  30.00   |
|        | Name of Employer<br>MVP Health Care   | Occupation   |   |
|        | Receipt For:  | Aggregate Year-to-Date ▼   |   |
|        | Primary General Other (specify) ▼   | 390.00   |   |
|        | CURTOTAL of Pagainta This Paga (antional)   |  | 90.00   |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                    | FOR LINE NUMBER: PAGE 15 / 53 (check only one)  X 11a 11b 11c 12  13 14 15 16 17  |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC   | tatements may not be sold or used by any perso<br>name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee.  |
| Full Name (Last, First, Middle Initial) Joyce Gallimore  Mailing Address 3 Bay Crest Drive  City South Burlington  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify) | State Zip Code VT 05403  C  Occupation Administrative  Aggregate Year-to-Date   234.00           | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| Full Name (Last, First, Middle Initial) Joyce Gallimore  Mailing Address 3 Bay Crest Drive  City South Burlington  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify) | State Zip Code VT 05403  C  Occupation Administrative  Aggregate Year-to-Date   246.00           | Date of Receipt  M M M / D D / Y Y Y Y Y  1 1 1   |
| Full Name (Last, First, Middle Initial) Joyce Gallimore  Mailing Address 3 Bay Crest Drive  City South Burlington  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify) | State Zip Code VT 05403  C  Occupation Administrative  Aggregate Year-to-Date  258.00            | Date of Receipt  M M M / D D M / Y Y Y Y Y  1 1 1 8 2 0 1 0  Transaction ID: SA11AI.9574  Amount of Each Receipt this Period  12.00 |
| SUBTOTAL of Receipts This Page (optional)   |  | 36.00   |

|                    | HEDULE A (FEC Form 3X) EMIZED RECEIPTS  |                                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 11             |
|--------------------|---|----------------------------------|---|---|
| or fo              | information copied from such Reports and or commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may<br>e name and add | not be sold or used by any pers<br>dress of any political committee to        | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \                  | MVP Health Care Inc. Federal PAC  |                                  |   |   |
| <b>\.</b> <u>/</u> | Full Name (Last, First, Middle Initial)   |                                  |   | Date of Receipt   |
| _                  | Mailing Address 8 Wendy Lane Dity   | State                            | Zip Code  | 1 0 2 1 2 0 1 0  Transaction ID: SA11AI.9575  |
|                    | W. Hartford   | CT                               | 06117   | Amount of Each Receipt this Period  |
| F                  | FEC ID number of contributing ederal political committee.   | C                                |   | 45.00   |
| <u>1</u>           | Name of Employer<br>MVP   | Occupation<br>Exec VP            | n   |   |
| F                  | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                        | Year-to-Date ▼ 895.00   |   |
| 3. <u> </u>        | Full Name (Last, First, Middle Initial)<br>Bill Geddings  | 1                                |   | Date of Receipt   |
| <u> </u>           | Mailing Address 75 Robinwood Drive  |                                  |   | 10 21 2010  |
|                    | City  | State                            | Zip Code  | Transaction ID: SA11AI.9579   |
| -                  | Clifton Park  | NY                               | 12065   | Amount of Each Receipt this Period  |
|                    | FEC ID number of contributing ederal political committee.   | C                                |   | 20.00   |
| 1<br>1<br>-        | Name of Employer<br>MVP   | Occupation VP Healt              | n<br>h Services   |   |
| F                  | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                        | Year-to-Date ▼ 420.00   |   |
|                    | Full Name (Last, First, Middle Initial)<br>Bill Geddings  |                                  |   | Date of Receipt   |
| N<br>-             | Mailing Address 75 Robinwood Drive  |                                  |   | 11 04 2010  |
|                    | City<br>Clifton Park  | State<br>NY                      | Zip Code<br>12065   | Transaction ID: SA11AI.9580  Amount of Each Receipt this Period                             |
|                    | FEC ID number of contributing ederal political committee.   | C                                |   | 20.00   |
| <u>1</u><br>1      | Name of Employer<br>MVP   | Occupation VP Healt              | n<br>h Services   |   |
| F                  | Receipt For:  Primary General  Other (specify) ▼  | Aggregate                        | Year-to-Date ▼ 440.00   |   |
| SU                 | BTOTAL of Receipts This Page (optional) .   |                                  |   | 85.00   |
| то                 | TAL This Period (last page this line numbe  | r only)                          |   |   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  | for each   | arate schedule(s)<br>category of the<br>Summary Page | FOR LINE NUMBER: PAGE 17 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 11          |
|----|--|--|--|--|
| A  | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | tatements may not be sold<br>name and address of any | or used by any persor<br>political committee to s    | n for the purpose of soliciting contributions solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                                    |  |  |  |
| ۱. | Full Name (Last, First, Middle Initial) Bill Geddings  |  |  | Date of Receipt  |
|    | Mailing Address 75 Robinwood Drive   |  |  | 1 1 1 8 2 0 1 0  |
|    | City<br>Clifton Park   | State Zip Coo<br>NY 12065                            | de   | Transaction ID: SA11AI.9581  Amount of Each Receipt this Period                          |
|    | FEC ID number of contributing federal political committee.                                       | C  |  | 20.00  |
|    | Name of Employer<br>MVP  | Occupation VP Health Services                        |  | 1  |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Dat                                | 460.00   |  |
|    | Full Name (Last, First, Middle Initial)<br>Patrick Glavey  | L  |  | Date of Receipt  |
|    | Mailing Address 165 Windemere Road   |  |  | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|    | City   | State Zip Coo  | de   | Transaction ID: SA11Al.9585  |
|    | Rochester  | NY 14610   |  | Amount of Each Receipt this Period   |
|    | FEC ID number of contributing federal political committee.                                       | C  |  | 80.00  |
|    | Name of Employer<br>MVP  | Occupation VP, Medicare Produ                        | ucts   |  |
|    | Receipt For:   | Aggregate Year-to-Dat                                | e <b>▼</b>   |  |
|    | Primary General Other (specify) ▼  | 0 0 0 0  | 1500.00  |  |
|    | Full Name (Last, First, Middle Initial)<br>Patrick Glavey  |  |  | Date of Receipt  |
|    | Mailing Address 165 Windemere Road   |  |  | 11 04 2010   |
|    | City   | State Zip Coo  | de   | Transaction ID: SA11AI.9586  |
|    | Rochester FEC ID number of contributing federal political committee.                             | NY 14610   |  | Amount of Each Receipt this Period  80.00  |
|    | Name of Employer<br>MVP  | Occupation VP, Medicare Produ                        | ucts   |  |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Dat                                |  |  |
| Γ, | SUBTOTAL of Receipts This Page (optional) .  | L  |  | 180.00   |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS                                    | Use separate schedule(s) for each category of the Detailed Summary Page                        | FOR LINE NUMBER: PAGE 18 / 53 (check only one)  X 11a 11b 11c 12  13 14 15 16 |  |
|--|--|---|--|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any perse name and address of any political committee to | son for the purpose of soliciting contributions                               |  |
| MVP Health Care Inc. Federal PAC   |  |   |  |
| Full Name (Last, First, Middle Initial) Patrick Glavey                       |  | Date of Receipt   |  |
| Mailing Address 165 Windemere Road   |  | 11 18 2010  |  |
| City   | State Zip Code   | Transaction ID: SA11AI.9587   |  |
| Rochester  | NY 14610   | Amount of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.                   | C  | 80.00   |  |
| Name of Employer<br>MVP  | Occupation VP, Medicare Products   |   |  |
| Receipt For:   | Aggregate Year-to-Date ▼   |   |  |
| Primary General Other (specify) ▼  | 1660.00  |   |  |
| Full Name (Last, First, Middle Initial)<br>Denise Gonick                     |  | Date of Receipt   |  |
| Mailing Address 803 Via Marchella  |  | 10 / 21 / Y Y Y Y Y Y Y   |  |
| City   | State Zip Code   | Transaction ID: SA11AI.9588   |  |
| Schenectady  | NY 12303   | Amount of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.                   | C  | 70.00   |  |
| Name of Employer<br>MVP  | Occupation EVP & Chief Legal Officer   |   |  |
| Receipt For:   | Aggregate Year-to-Date ▼   |   |  |
| Primary General Other (specify) ▼  | 1370.00  |   |  |
| Full Name (Last, First, Middle Initial)<br>Denise Gonick                     | 1  | Date of Receipt   |  |
| Mailing Address 803 Via Marchella  |  | 1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                   |  |
| City   | State Zip Code   | Transaction ID: SA11AI.9589   |  |
| Schenectady  | NY 12303   | Amount of Each Receipt this Period  |  |
| FEC ID number of contributing federal political committee.                   | С  | 70.00   |  |
| Name of Employer<br>MVP  | Occupation EVP & Chief Legal Officer   |   |  |
| Receipt For:   | Aggregate Year-to-Date ▼   |   |  |
| Primary General Other (specify) ▼  | 1440.00  |   |  |
| SUBTOTAL of Receipts This Page (optional)                                    |  | 220.00  |  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 19 / 53 (check only one)  X 11a 11b 11c 12  13 14 15 16 17         |
|---|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                                     | d Statements may not be sold or used by any perso<br>the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer MVP | State Zip Code NY 12303  C Occupation EVP & Chief Legal Officer   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  1510.00   |  |
| Full Name (Last, First, Middle Initial) Michael Greppo  Mailing Address 134 Overlook Lane  City   | State Zip Code  | Date of Receipt  10 21 2010  Transaction ID: SA11AI.9591                                 |
| Duanesburg FEC ID number of contributing federal political committee.   | NY 12056  | Amount of Each Receipt this Period  10.00  |
| Name of Employer MVP  Receipt For:  Primary General  Other (specify) ▼  | Occupation IT Ombudsman  Aggregate Year-to-Date   210.00  |  |
| Full Name (Last, First, Middle Initial)  Michael Greppo  Mailing Address 134 Overlook Lane  |   | Date of Receipt  1 1 0 4 2 0 1 0   |
| City<br>Duanesburg  | State Zip Code<br>NY 12056  | Transaction ID: SA11AI.9592  Amount of Each Receipt this Period                          |
| FEC ID number of contributing federal political committee.  | C   | 10.00  |
| Name of Employer<br>MVP   | Occupation<br>IT Ombudsman  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 220.00   |  |
|   |   |  |

|           | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                      | FOR LINE NUMBER: PAGE 20 / 53 (check only one)    X   11a                                   |
|-----------|--|--|---|
| An        | y information copied from such Reports and S<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MVP Health Care Inc. Federal PAC | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \ <u></u> | Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane   |  | Date of Receipt   |
|           | City  Duanesburg   | State Zip Code<br>NY 12056   | Transaction ID: SA11AI.9593  Amount of Each Receipt this Period                             |
|           | FEC ID number of contributing federal political committee.   | C  | 10.00   |
|           | Name of Employer MVP  Receipt For: Primary General Other (specify)   | Occupation IT Ombudsman  Aggregate Year-to-Date   230.00                                     |   |
| 3.        | Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road   |  | Date of Receipt  1 0 2 1 2 0 1 0  |
|           | City   | State Zip Code   | Transaction ID: SA11AI.9597   |
|           | Loudon FEC ID number of contributing federal political committee.  | NH 03307   | Amount of Each Receipt this Period 80.00  |
|           | Name of Employer<br>MVP  | Occupation Vice President  |   |
|           | Receipt For:  Primary  General  Other (specify)  | Aggregate Year-to-Date ▼ 1680.00   |   |
| _         | Full Name (Last, First, Middle Initial) Christopher Henchey  |  | Date of Receipt   |
|           | Mailing Address 144 Berry Road   |  | 11 04 2010  |
|           | City<br>Loudon   | State Zip Code NH 03307  | Transaction ID: SA11AI.9598  Amount of Each Receipt this Period                             |
|           | FEC ID number of contributing federal political committee.   | C  | 80.00   |
|           | Name of Employer<br>MVP  | Occupation Vice President  |   |
|           | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1760.00   |   |
| SI        | JBTOTAL of Receipts This Page (optional)   |  | 170.00  |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                    | FOR LINE NUMBER: PAGE 21 / 53 (check only one)    X |
|---|--|---|
| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)                | Statements may not be sold or used by any pene name and address of any political committee | rson for the purpose of soliciting contributions    |
| MVP Health Care Inc. Federal PAC  |  |   |
| Full Name (Last, First, Middle Initial) Christopher Henchey  Mailing Address 144 Berry Road |  | Date of Receipt                                     |
| Mailing Address 144 Berry Road  |  | 11 18 2010  |
| City  | State Zip Code   | Transaction ID: SA11AI.9599                         |
| Loudon  | NH 03307   | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                                  | C  | 80.00   |
| Name of Employer<br>MVP   | Occupation Vice President  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 1840.00  |   |
| Full Name (Last, First, Middle Initial)<br>Rosemarie Hogan                                  | 1  | Date of Receipt                                     |
| Mailing Address 45 Crestwood Drive  |  | M M / D D / Y Y Y Y Y 1 1 1 0 5 2 0 1 0             |
| City  | State Zip Code   | Transaction ID: SA11AI.9607                         |
| Schenectady   | NY 12306   | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                                  | C  | 20.00   |
| Name of Employer<br>MVP   | Occupation Administrative  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 240.00   |   |
| Full Name (Last, First, Middle Initial)<br>Rosemarie Hogan                                  | <u> </u>   | Date of Receipt                                     |
| Mailing Address 45 Crestwood Drive  |  | 1 1 1 9 2 0 1 0                                     |
| City  | State Zip Code   | Transaction ID: SA11AI.9608                         |
| Schenectady   | NY 12306   | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                                  | C  | 20.00   |
| Name of Employer<br>MVP   | Occupation Administrative  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 260.00   |   |
| SUBTOTAL of Receipts This Page (optional)   | l  | 120.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                              | FOR LINE NUMBER: PAGE 22 / 53 (check only one)    X |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may not be sold or used by any persor<br>e name and address of any political committee to |   |
| NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                                 |  |   |
| Full Name (Last, First, Middle Initial) Gary Hughes   |  | Date of Receipt                                     |
| Mailing Address 1602 Bradley Street   |  | 10 21 2010  |
| City  | State Zip Code   | Transaction ID: SA11AI.9612                         |
| Schenectady FEC ID number of contributing   | NY 12309   | Amount of Each Receipt this Period                  |
| federal political committee.  |  |   |
| Name of Employer<br>MVP   | Occupation Administrative  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 210.00   | ]   |
| Full Name (Last, First, Middle Initial)<br>Gary Hughes  |  | Date of Receipt                                     |
| Mailing Address 1602 Bradley Street   |  | M M / D D / Y Y Y Y Y 1 1 1 0 4 2 0 1 0             |
| City  | State Zip Code   | Transaction ID: SA11AI.9613                         |
| Schenectady   | NY 12309   | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                                    | С  | 10.00   |
| Name of Employer<br>MVP   | Occupation Administrative  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 220.00   |   |
| Full Name (Last, First, Middle Initial)<br>Gary Hughes  | . <u>I</u>   | Date of Receipt                                     |
| Mailing Address 1602 Bradley Street   |  | M M / D D / Y Y Y Y Y Y 1 1 1 1 8 2 0 1 0           |
| City  | State Zip Code   | Transaction ID: SA11AI.9614                         |
| Schenectady   | NY 12309   | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                                    | C  | 10.00   |
| Name of Employer<br>MVP   | Occupation Administrative  |   |
| Receipt For:  | Aggregate Year-to-Date ▼   |   |
| Primary General Other (specify) ▼   | 230.00   |   |
|   |  | 30.00   |

| SCHEDULE A (FEC ITEMIZED RECEIPT   | •                                | Use separate schedule(s) for each category of the Detailed Summary Page       | FOR LINE NUMBER: PAGE 23 / 53 (check only one)    X   11a   |
|--|----------------------------------|---|---|
| Any information copied from suc or for commercial purposes, oth NAME OF COMMITTEE (In MVP Health Care Inc. F.  | er than using the name and a     | nay not be sold or used by any perso<br>address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee.         |
| Full Name (Last, First, Middl Kevin Husted Mailing Address 38 Fox H  City Fairport  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary Other (specify)         | State NY  Occupa VP Info         | Zip Code 14450  tion  primation Technology ate Year-to-Date ▼  630.00         | Date of Receipt  10 21 2010  Transaction ID: SA11Al.9618  Amount of Each Receipt this Period  30.00 |
| Full Name (Last, First, Middl Kevin Husted Mailing Address 38 Fox H  City Fairport  FEC ID number of contributifederal political committee.  Name of Employer MVP  Receipt For: Primary Other (specify)            | State NY  Occupa VP Info Aggregi | Zip Code 14450  tion  primation Technology ate Year-to-Date   660.00          | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                      |
| Full Name (Last, First, Middl Kevin Husted Mailing Address 38 Fox F  City Fairport  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify) | State NY  Occupa VP Info Aggregi | Zip Code 14450  tion ormation Technology ate Year-to-Date ▼ 690.00            | Date of Receipt    M M M  |
| SUBTOTAL of Receipts This R  | Page (optional)                  |   | 90.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 24 / 53 (check only one)    X             |
|--|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | d Statements may not be sold or used by any perso<br>the name and address of any political committee to |   |
| NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |
| Full Name (Last, First, Middle Initial) Dawn Jablonski                                   |   | Date of Receipt   |
| Mailing Address 213 Hansen Ave   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                     |
| City   | State Zip Code  | Transaction ID: SA11AI.9624                                     |
| Albany   | NY 12208  | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                               | C   | 40.00   |
| Name of Employer   | Occupation  |   |
| Receipt For:  Primary  General  Other (specify)  | Aggregate Year-to-Date ▼ 750.00   |   |
| Full Name (Last, First, Middle Initial) Dawn Jablonski                                   |   | Date of Receipt   |
| Mailing Address 213 Hansen Ave   |   | M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 0 5 2 0 1 0                   |
| City   | State Zip Code  | Transaction ID: SA11AI.9625                                     |
| Albany   | NY 12208  | Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                               | C   | 40.00   |
| Name of Employer   | Occupation  |   |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼  | 790.00  |   |
| Full Name (Last, First, Middle Initial) Dawn Jablonski                                   |   | Date of Receipt   |
| Mailing Address 213 Hansen Ave   |   | 1 1 1 9 2 0 1 0   |
| City<br>Albany   | State Zip Code<br>NY 12208  | Transaction ID: SA11AI.9626  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.                               | C   | 40.00   |
| Name of Employer   | Occupation  |   |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 830.00   |   |
| CURTOTAL of Descripts This Descriptions  | l)  | 120.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | .)                  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 53   (check only one)  |
|---|---------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements may    | y not be sold or used by any person<br>dress of any political committee to    | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                             |                     | , , ,   |   |
| Full Name (Last, First, Middle Initial) William John                                      |                     |   | Date of Receipt   |
| Mailing Address 5 Sonat Road  |                     |   | 10 21 2010  |
| City<br>Clifton Park  | State<br>NY         | Zip Code<br>12065   | Transaction ID: SA11AI.9630  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                | С                   |   | 10.00   |
| Name of Employer<br>MVP   | Occupation Administ |   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | e Year-to-Date ▼ 210.00   |   |
| Full Name (Last, First, Middle Initial) William John                                      | <b>I</b>            |   | Date of Receipt   |
| Mailing Address 5 Sonat Road  |                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City  | State               | Zip Code  | Transaction ID: SA11AI.9631   |
| Clifton Park  FEC ID number of contributing federal political committee.                  | C                   | 12065   | Amount of Each Receipt this Period  |
| Name of Employer<br>MVP   | Occupation Administ |   |   |
| Receipt For:  Primary General  Other (specify) ▼  |                     | e Year-to-Date ▼<br>220.00  |   |
| Full Name (Last, First, Middle Initial)<br>William John                                   |                     |   | Date of Receipt   |
| Mailing Address 5 Sonat Road  |                     |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| City Clifton Park   | State<br>NY         | Zip Code<br>12065   | Transaction ID: SA11AI.9632  Amount of Each Receipt this Period                             |
| FEC ID number of contributing federal political committee.                                | C                   | 12000   | 10.00   |
| Name of Employer<br>MVP   | Occupation Administ |   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate           | Year-to-Date ▼ 230.00   |   |
| SUBTOTAL of Receipts This Page (optional  | \                   |   | 30.00   |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | )                     | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 26/53   (check only one)     X            |
|---|-----------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the such as | d Statements may      | y not be sold or used by any persodress of any political committee to         | on for the purpose of soliciting contributions                  |
| NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC   |                       | area or any poniona committee or  |   |
| Full Name (Last, First, Middle Initial) Barbara Leonard   |                       |   | Date of Receipt   |
| Mailing Address 848 DeCamp Avenu  | е                     |   | M M / D D / Y Y Y Y Y 1 Y 1 1 0 2 1 2 0 1 0                     |
| City<br>Schenectady   | State<br>NY           | Zip Code<br>12309   | Transaction ID: SA11AI.9639  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C                     | 12309   | 10.00   |
| Name of Employer<br>MVP   | Occupatio<br>Administ |   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate             | Year-to-Date ▼ 210.00   |   |
| Full Name (Last, First, Middle Initial) Barbara Leonard   |                       |   | Date of Receipt   |
| Mailing Address 848 DeCamp Avenu  | е                     |   | 1 1 0 4 2 0 1 0   |
| City  | State<br>NY           | Zip Code  | Transaction ID: SA11AI.9640                                     |
| Schenectady  FEC ID number of contributing federal political committee.   | C                     | 12309   | Amount of Each Receipt this Period  10.00                       |
| Name of Employer<br>MVP   | Occupatio<br>Administ |   |   |
| Receipt For:  Primary General  Other (specify) ▼  | ·                     | e Year-to-Date ▼<br>220.00  |   |
| Full Name (Last, First, Middle Initial)<br>Barbara Leonard  |                       |   | Date of Receipt   |
| Mailing Address 848 DeCamp Avenu  | е                     |   | 1 1 1 8 2 0 1 0   |
| City<br>Schenectady   | State<br>NY           | Zip Code<br>12309   | Transaction ID: SA11AI.9641  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C                     | 1.2000  | 10.00   |
| Name of Employer<br>MVP   | Occupatio<br>Administ |   |   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate             | e Year-to-Date ▼ 230.00   |   |
| SUBTOTAL of Receipts This Page (optional)   | \                     |   | 30.00   |

| SCHEDULE A (FE ITEMIZED RECEIP   | •   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 27 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                     |
|--|---|---|---|
| Any information copied from or for commercial purposes,  NAME OF COMMITTEE  MVP Health Care Inc.             | other than using the name and a (In Full) | nay not be sold or used by any personderess of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee.         |
| City Highland Mills FEC ID number of contrib federal political committee  Name of Employer MVP  Receipt For: | State NY  Occupat VP of N                 | Zip Code<br>10930<br>ion<br>⁄iid-Hudson Region<br>ate Year-to-Date ▼          | Date of Receipt  10 21 2010  Transaction ID: SA11Al.9645  Amount of Each Receipt this Period  30.00 |
| City Highland Mills FEC ID number of contrib federal political committee  Name of Employer MVP  Receipt For: | state NY  Occupat VP of N                 | Zip Code<br>10930<br>ion<br>⁄iid-Hudson Region<br>ate Year-to-Date ▼          | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                                      |
| City Highland Mills FEC ID number of contrib federal political committee  Name of Employer MVP  Receipt For: | state NY  Occupat VP of N                 | Zip Code<br>10930<br>ion<br>Mid-Hudson Region<br>ate Year-to-Date ▼           | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y                                    |
| SUBTOTAL of Receipts Th  | is Page (optional)                        |   | 90.00   |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 28 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 17             |
|---|---|---|
| Any information copied from such Report or for commercial purposes, other than NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal  | rts and Statements may not be sold or used by any personal statements and address of any political committee to PAC | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge I  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary General Other (specify) |   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge I  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary General Other (specify) | State Zip Code VT 05445  C Occupation VP Vermont Aggregate Year-to-Date  660.00                                     | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge I  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary General Other (specify) | State Zip Code VT 05445  C  Occupation VP Vermont  Aggregate Year-to-Date  690.00                                   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                              |
| SUBTOTAL of Receipts This Page (or  | otional)  | 90.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 29 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|--|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC | d Statements may not be sold or used by any perso<br>the name and address of any political committee to | on for the purpose of soliciting contributions                               |
| Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way  |   | Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
| City  Webster  FEC ID number of contributing federal political committee.  | State Zip Code NY 14580   | Transaction ID: SA11AI.9663  Amount of Each Receipt this Period  40.00       |
| Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼  | Occupation VP, Underwriting and Analysis Aggregate Year-to-Date ▼  840.00                               |  |
| Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way  |   | Date of Receipt  1 1 0 4 2 0 1 0   |
| City Webster FEC ID number of contributing   | State Zip Code<br>NY 14580  | Transaction ID: SA11AI.9664  Amount of Each Receipt this Period  40.00       |
| Receipt For:  Primary  Other (specify)   | Occupation VP, Underwriting and Analysis Aggregate Year-to-Date  880.00                                 |  |
| Full Name (Last, First, Middle Initial) Carl Maleri, Jr.  Mailing Address 19 Crimson Way   |   | Date of Receipt  1 1 1 8 2 0 1 0   |
| City Webster FEC ID number of contributing federal political committee.  | State Zip Code<br>NY 14580  | Transaction ID: SA11AI.9665  Amount of Each Receipt this Period  40.00       |
| Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼  | Occupation VP, Underwriting and Analysis Aggregate Year-to-Date ▼ 920.00                                |  |
| SUBTOTAL of Receipts This Page (optional   | l) <b>&gt;</b>  | 120.00   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                       | FOR LINE NUMBER: PAGE 30 / 53 (check only one)    X   11a                                   |
|----|--|---|---|
| Ai | ny information copied from such Reports and $\S$ for commercial purposes, other than using the | Statements may not be sold or used by any persename and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC                                   |   |   |
|    | Full Name (Last, First, Middle Initial)<br>Augusta Martin                                      |   | Date of Receipt   |
|    | Mailing Address 457 Crescent Ave   |   | 11 04 2010  |
|    | City   | State Zip Code<br>NY 12866  | Transaction ID: SA11AI.9667   |
|    | Saratoga FEC ID number of contributing federal political committee.                            | NY 12866  | Amount of Each Receipt this Period  30.00   |
|    | Name of Employer   | Occupation  |   |
|    | Receipt For: Primary General Other (specify)   | Aggregate Year-to-Date ▼  330.00  |   |
|    | Full Name (Last, First, Middle Initial)<br>Augusta Martin                                      |   | Date of Receipt   |
|    | Mailing Address 457 Crescent Ave   |   | 1 1 1 8 2 0 1 0   |
|    | City   | State Zip Code  | Transaction ID: SA11AI.9669   |
|    | Saratoga   | NY 12866  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C   | 30.00   |
|    | Name of Employer   | Occupation  |   |
|    | Receipt For: Primary General Other (specify) ▼   | Aggregate Year-to-Date ▼ 360.00   | 1   |
| _  |  |   | _   |
|    | Full Name (Last, First, Middle Initial) Laurie Metheny   |   | Date of Receipt   |
|    | Mailing Address 21 Joellen Drive   |   | 10 21 2010  |
|    | City   | State Zip Code  | Transaction ID: SA11AI.9677   |
|    | Rochester  | NY 14626  | Amount of Each Receipt this Period  |
|    | FEC ID number of contributing federal political committee.                                     | C   | 40.00   |
|    | Name of Employer<br>MVP  | Occupation VP, Business Excellence  |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 840.00   |   |
|    |  | 1   | 100.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                             | FOR LINE NUMBER: PAGE 31 / 53 (check only one)    X                                      |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC | Statements may not be sold or used by any personne name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Laurie Metheny  |   | Date of Receipt  |
| Mailing Address 21 Joellen Drive  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City  | State Zip Code  | Transaction ID: SA11AI.9678  |
| Rochester   | NY 14626  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C   | 40.00  |
| Name of Employer<br>MVP   | Occupation VP, Business Excellence  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 880.00   |  |
| Full Name (Last, First, Middle Initial) Laurie Metheny  |   | Date of Receipt  |
| Mailing Address 21 Joellen Drive  |   | M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 8 2 0 1 0  |
| City  | State Zip Code  | Transaction ID: SA11AI.9679  |
| Rochester   | NY 14626  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C   | 40.00  |
| Name of Employer<br>MVP   | Occupation VP, Business Excellence  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 920.00   |  |
| Full Name (Last, First, Middle Initial) Donna Michele   |   | Date of Receipt  |
| Mailing Address 24 Kraus Road   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br><u>Albany</u>   | State Zip Code<br>NY 12203  | Transaction ID: SA11AI.9680  Amount of Each Receipt this Period                          |
| FEC ID number of contributing federal political committee.  | C   | 10.00  |
| Name of Employer<br>MVP   | Occupation Administrative   | -  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 210.00   |  |
| SUBTOTAL of Receipts This Page (optional)   |   | 90.00  |

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

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS  | <b>.</b> )            | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 53   (check only one) |
|--|-----------------------|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using | d Statements may      | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions   |
| NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                            |                       | · · ·   |  |
| Full Name (Last, First, Middle Initial) Donna Michele                                    |                       |   | Date of Receipt                                  |
| Mailing Address 24 Kraus Road  |                       |   | 1 1 0 4 2 0 1 0                                  |
| City<br>Albany   | State<br>NY           | Zip Code  | Transaction ID: SA11AI.9681                      |
| FEC ID number of contributing federal political committee.                               | C                     | 12203   | Amount of Each Receipt this Period               |
| Name of Employer<br>MVP  | Occupatio<br>Administ |   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate             | e Year-to-Date ▼ 220.00   |  |
| Full Name (Last, First, Middle Initial) Donna Michele                                    |                       |   | Date of Receipt                                  |
| Mailing Address 24 Kraus Road  |                       |   | 1 1 1 8 2 0 1 0                                  |
| City<br>Albany   | State<br>NY           | Zip Code<br>12203   | Transaction ID: SA11AI.9682                      |
| FEC ID number of contributing federal political committee.                               | C                     | 12205   | Amount of Each Receipt this Period  10.00        |
| Name of Employer<br>MVP  | Occupatio<br>Administ |   |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del>-   '</del>      | e Year-to-Date ▼ 230.00   |  |
| Full Name (Last, First, Middle Initial) James Morrill                                    |                       |   | Date of Receipt                                  |
| Mailing Address 54 Henderson Road  | i                     |   | 1 0 2 1 2 0 1 0                                  |
| City<br>Glenmont   | State<br>NY           | Zip Code<br>12077   | Transaction ID: SA11AI.9683                      |
| FEC ID number of contributing federal political committee.                               | C                     | 12077   | Amount of Each Receipt this Period  50.00        |
| Name of Employer<br>MVP  | Occupatio<br>EVP, HR  |   |  |
| Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼                                    | <del></del>           | Year-to-Date ▼<br>1050.00   |  |
| SUBTOTAL of Receipts This Page (optiona  | I                     |   | 70.00  |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS                                    | Use separate schedule(s) for each category of the Detailed Summary Page                     | FOR LINE NUMBER: PAGE 33 / 53 (check only one)    X |
|---|---|---|
| r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any pene name and address of any political committees | rson for the purpose of soliciting contributions    |
| MVP Health Care Inc. Federal PAC  |   |   |
| Full Name (Last, First, Middle Initial)<br>James Morrill                    |   | Date of Receipt                                     |
| Mailing Address 54 Henderson Road   |   | 11 04 2010  |
| City  | State Zip Code  | Transaction ID: SA11AI.9684                         |
| Glenmont  | NY 12077  | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                  | C   | 50.00   |
| Name of Employer<br>MVP   | Occupation<br>EVP, HR   |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 1100.00   |   |
| Full Name (Last, First, Middle Initial) James Morrill                       | 1   | Date of Receipt                                     |
| Mailing Address 54 Henderson Road   |   | 1 1 1 8 2 0 1 0                                     |
| City  | State Zip Code  | Transaction ID: SA11AI.9685                         |
| Glenmont  | NY 12077  | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                  | C   | 50.00   |
| Name of Employer<br>MVP   | Occupation EVP, HR  |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 1150.00   |   |
| Full Name (Last, First, Middle Initial)<br>Kari Mysliwiec                   | <u> </u>  | Date of Receipt                                     |
| Mailing Address 1 Vitucci Ct  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y         |
| City  | State Zip Code  | Transaction ID: SA11AI.9686                         |
| Cohoes  | NY 12047  | Amount of Each Receipt this Period                  |
| FEC ID number of contributing federal political committee.                  | С   | 10.00   |
| Name of Employer  | Occupation  |   |
| Receipt For:  | Aggregate Year-to-Date ▼  |   |
| Primary General Other (specify) ▼   | 210.00  |   |
| SURTOTAL of Receipts This Page (optional)                                   |   | 110.00  |

| SCHEDULE A (FE  | •  | Use separate schedule(s) for each category of the Detailed Summary Page       | FOR LINE NUMBER: PAGE 34 / 53 (check only one)    X   |
|---|--|---|---|
| Any information copied from or for commercial purposes  NAME OF COMMITTEE  MVP Health Care Inc. | , other than using the name and<br>E (In Full) | may not be sold or used by any perso<br>address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| City  | ucci Ct  | •   | Date of Receipt  1 1 0 5 2 0 1 0  Transaction ID: SA11AI.9687                               |
| Cohoes  FEC ID number of contr federal political committed Name of Employer                     |  | 12047   | Amount of Each Receipt this Period  10.00   |
| Receipt For:  |  | gate Year-to-Date ▼ 220.00  |   |
| Full Name (Last, First, N<br>Kari Mysliwiec<br>Mailing Address 1 Vit                            | ,<br>  |   | Date of Receipt  1 1 1 9 2 0 1 0  |
| City Cohoes FEC ID number of contr  |  | Zip Code<br>12047   | Transaction ID: SA11AI.9688  Amount of Each Receipt this Period  10.00                      |
| Name of Employer  | Occupa   | ation   |   |
| Receipt For: Primary Other (specify)  | General  | gate Year-to-Date ▼ 230.00  |   |
| Full Name (Last, First, N<br>Richard Odorizzi<br>Mailing Address 71 E                           |  |   | Date of Receipt   |
| City  | ast Claremond Drive State                      | Zip Code  | 1 0 2 1 2 0 1 0  Transaction ID: SA11AI.9695  |
| Voorheesville FEC ID number of contr federal political committe                                 |  | 12186   | Amount of Each Receipt this Period 20.00  |
| Name of Employer MVP  | Occupa<br>Directo                              | ation<br>or of Finance  |   |
| Receipt For: Primary Other (specify)  |  | gate Year-to-Date ▼ 330.00  |   |
| SUBTOTAL of Receipts T  | his Page (optional)                            |   | 40.00   |

|    | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page               | FOR LINE NUMBER: PAGE 35 / 53 (check only one)    X   |
|----|--|---|---|
| Ar | ny information copied from such Reports and St<br>for commercial purposes, other than using the<br>NAME OF COMMITTEE (In Full)<br>MVP Health Care Inc. Federal PAC | atements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| \  | Full Name (Last, First, Middle Initial)<br>Richard Odorizzi  |   | Date of Receipt   |
|    | Mailing Address 71 East Claremond Dri  |   | 11 04 2010  |
|    | City<br>Voorheesville  | State Zip Code<br>NY 12186  | Transaction ID: SA11AI.9696  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.   | C   | 20.00   |
|    | Name of Employer MVP   | Occupation Director of Finance  |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼  350.00  |   |
|    | Full Name (Last, First, Middle Initial) Richard Odorizzi  Mailing Address 74 Fact Clares and Dri   |   | Date of Receipt   |
|    | Mailing Address 71 East Claremond Dri  | ve  | 11 / 18 / Y Y Y Y   |
|    | City   | State Zip Code NY 12186   | Transaction ID: SA11AI.9697   |
|    | Voorheesville  FEC ID number of contributing federal political committee.  | NY 12186  | Amount of Each Receipt this Period  20.00   |
|    | Name of Employer MVP   | Occupation Director of Finance  |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 370.00   |   |
|    | Full Name (Last, First, Middle Initial) David Orlando  |   | Date of Receipt   |
|    | Mailing Address 3 Clare Castle   |   | 1 0 2 1 2 0 1 0   |
|    | City   | State Zip Code  | Transaction ID: SA11AI.9698   |
|    | Albany FEC ID number of contributing federal political committee.  | NY 12205  | Amount of Each Receipt this Period  30.00   |
|    | Name of Employer<br>MVP  | Occupation Corp VP of Operations  |   |
|    | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 630.00   |   |
| s  | UBTOTAL of Receipts This Page (optional)   |   | 70.00   |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                          | FOR LINE NUMBER: PAGE 36 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC | Statements may not be sold or used by any per-<br>ne name and address of any political committee | son for the purpose of soliciting contributions                              |
| / MVP Health Care Inc. Federal PAC  |  |  |
| Full Name (Last, First, Middle Initial) David Orlando   |  | Date of Receipt  |
| Mailing Address 3 Clare Castle  |  | 11 04 2010   |
| City  | State Zip Code   | Transaction ID: SA11AI.9699  |
| Albany  | NY 12205   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 30.00  |
| Name of Employer<br>MVP   | Occupation Corp VP of Operations   |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 660.00   |  |
| Full Name (Last, First, Middle Initial)<br>David Orlando  |  | Date of Receipt  |
| Mailing Address 3 Clare Castle  |  | M M / D D / Y Y Y Y Y 1 1 1 8 2 0 1 0  |
| City  | State Zip Code   | Transaction ID: SA11AI.9700  |
| Albany  | NY 12205   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 30.00  |
| Name of Employer<br>MVP   | Occupation Corp VP of Operations   |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 690.00   |  |
| Full Name (Last, First, Middle Initial)<br>Everret Patterson  |  | Date of Receipt  |
| Mailing Address 285 Pinebrook Drive   |  | 10 / 22 / 2010   |
| City  | State Zip Code   | Transaction ID: SA11AI.9701  |
| Hyde Park   | NY 12538   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  | C  | 10.00  |
| Name of Employer<br>MVP   | Occupation Regional Sales Manager  |  |
| Receipt For:  | Aggregate Year-to-Date ▼   |  |
| Primary General Other (specify) ▼   | 210.00   |  |
| SURTOTAL of Receipts This Page (ontional)   |  | 70.00  |

|            | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page                            | FOR LINE NUMBER: PAGE 37 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 17           |  |
|------------|--|--|---|--|
| ,          | Any information copied from such Reports and S<br>or for commercial purposes, other than using the | statements may not be sold or used by any person<br>name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |  |
|            | NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                                      |  |   |  |
| <b>A</b> . | Full Name (Last, First, Middle Initial) Everret Patterson  |  | Date of Receipt   |  |
|            | Mailing Address 285 Pinebrook Drive  |  | 111 05 2010   |  |
|            | City<br>Hyde Park  | State Zip Code<br>NY 12538   | Transaction ID: SA11AI.9702   |  |
|            | FEC ID number of contributing federal political committee.   | C 12556  | Amount of Each Receipt this Period  10.00   |  |
|            | Name of Employer<br>MVP  | Occupation Regional Sales Manager  |   |  |
|            | Receipt For:  Primary  General  Other (specify) ▼  | Aggregate Year-to-Date ▼  220.00   |   |  |
| –<br>В.    | Full Name (Last, First, Middle Initial) Everret Patterson  |  | Date of Receipt   |  |
|            | Mailing Address 285 Pinebrook Drive  |  | 1 1 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |  |
|            | City   | State Zip Code   | Transaction ID: SA11AI.9703   |  |
|            | Hyde Park  | NY 12538   | Amount of Each Receipt this Period  |  |
|            | FEC ID number of contributing federal political committee.   | C  | 10.00   |  |
|            | Name of Employer<br>MVP  | Occupation Regional Sales Manager  |   |  |
|            | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 230.00  |   |  |
| _<br>С.    | Full Name (Last, First, Middle Initial)<br>Donald Rahn   |  | Date of Receipt   |  |
|            |  | Mailing Address 931 Northumberland Dr.   |   |  |
|            | City   | State Zip Code<br>NY 12309   | Transaction ID: SA11AI.9719   |  |
|            | Niskayuna  FEC ID number of contributing federal political committee.                              | NY 12309   | Amount of Each Receipt this Period  20.00   |  |
|            | Name of Employer   | Occupation   | 1   |  |
|            | Receipt For:  Primary  General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 250.00  |   |  |
|            | SUBTOTAL of Receipts This Page (optional)  | <b>_</b>   | 40.00   |  |
|            | TOTAL This Period (last page this line number  | •  |   |  |

|    | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  |                                   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 17             |
|----|---|-----------------------------------|---|---|
|    | Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may<br>e name and addr | not be sold or used by any perso<br>ress of any political committee to        | on for the purpose of soliciting contributions o solicit contributions from such committee. |
|    | NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                                   |                                   |   |   |
| Α. | Full Name (Last, First, Middle Initial)<br>Donald Rahn  |                                   |   | Date of Receipt   |
|    | Mailing Address 931 Northumberland D  |                                   | 7: 0 1  | 111 05 2010   |
|    | City<br><u>Niskayuna</u>  | State<br>NY                       | Zip Code<br>12309   | Transaction ID: SA11AI.9720  Amount of Each Receipt this Period                             |
|    | FEC ID number of contributing federal political committee.                                      | C                                 |   | 20.00   |
|    | Name of Employer  | Occupation                        |   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate `                       | Year-to-Date ▼<br>270.00  |   |
| В. | Full Name (Last, First, Middle Initial) Donald Rahn   |                                   |   | Date of Receipt   |
|    | Mailing Address 931 Northumberland D  |                                   |   | 11 19 2010  |
|    | City<br>Niskayuna   | State<br>NY                       | Zip Code  | Transaction ID: SA11AI.9721   |
|    | FEC ID number of contributing federal political committee.                                      | C                                 | 12309   | Amount of Each Receipt this Period  20.00   |
|    | Name of Employer  | Occupation                        |   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | Aggregate `                       | Year-to-Date ▼<br>290.00  |   |
| С. | Full Name (Last, First, Middle Initial) Aneli Rivera-Platt                                      | 1                                 |   | Date of Receipt   |
| C. | Mailing Address 215 Dunrovin Lane   |                                   |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
|    | City<br>Rochester   | State<br>NY                       | Zip Code  | Transaction ID: SA11AI.9731   |
|    | FEC ID number of contributing federal political committee.                                      | C                                 | 14618   | Amount of Each Receipt this Period  10.00   |
|    | Name of Employer<br>MVP   | Occupation<br>HR Direct           |   |   |
|    | Receipt For:  Primary General  Other (specify) ▼  | + +                               | Year-to-Date ▼<br>210.00  |   |
|    | SUBTOTAL of Receipts This Page (optional)   |                                   |   | 50.00   |
| ļ  | TOTAL This Period (last page this line number   | only)                             |   |   |

|   | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                       | FOR LINE NUMBER: PAGE 39 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 11              |
|---|--|---|--|
| A | ny information copied from such Reports and S<br>r for commercial purposes, other than using the | statements may not be sold or used by any persename and address of any political committee to | son for the purpose of soliciting contributions o solicit contributions from such committee. |
|   | NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                                    |   |  |
|   | Full Name (Last, First, Middle Initial)<br>Aneli Rivera-Platt                                    |   | Date of Receipt  |
|   | Mailing Address 215 Dunrovin Lane  |   | 11 05 2010   |
|   | City   | State Zip Code<br>NY 14618  | Transaction ID: SA11AI.9732  |
|   | Rochester  FEC ID number of contributing federal political committee.                            | NY 14618  | Amount of Each Receipt this Period  10.00  |
|   | Name of Employer<br>MVP  | Occupation HR Director  |  |
|   | Receipt For:  Primary  General  Other (specify)  | Aggregate Year-to-Date ▼  220.00  |  |
|   | Full Name (Last, First, Middle Initial)<br>Aneli Rivera-Platt                                    |   | Date of Receipt  |
|   | Mailing Address 215 Dunrovin Lane  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
|   | City   | State Zip Code  | Transaction ID: SA11AI.9733  |
|   | Rochester  | NY 14618  | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.                                       | C   | 10.00  |
|   | Name of Employer<br>MVP  | Occupation HR Director  |  |
|   | Receipt For:  Primary General  Other (specify)   | Aggregate Year-to-Date ▼  230.00  |  |
| _ | Full Name (Last, First, Middle Initial) Ellen Runyon   | <u> </u>  | Date of Receipt  |
|   | Mailing Address 625 State Street   |   | 10 21 2010   |
|   | City   | State Zip Code  | Transaction ID: SA11AI.9737  |
|   | Schenectady  | NY 12047  | Amount of Each Receipt this Period   |
|   | FEC ID number of contributing federal political committee.                                       | C   | 20.00  |
|   | Name of Employer<br>MVP  | Occupation<br>VP of E Business  |  |
|   | Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 420.00   |  |
| Г |  |   | 40.00  |

| Any, information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  MVP Health Care Inc. Federal PAC  Full Name (Last, First, Middle Initial)  Ellen Brunyon  Mailing Address 625 State Street  City State Zip Code NY 12047  FEC ID number of contributing federal political committee.  Name of Employer  WPP OCcupation  Mailing Address 625 State Street  City State Zip Code NY 12047  Full Name (Last, First, Middle Initial)  Ellen Brunyon  Mailing Address 625 State Street  City State Zip Code NY 12047  Full Name (Last, First, Middle Initial)  Ellen Brunyon  Mailing Address 625 State Street  City State Zip Code NY 12047  FEC ID number of contributing federal political committee.  City State Zip Code NY 12047  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  WPP OCcupation  WPP OCcupation  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Thomas Ryan  Mailing Address 24 Bluestone Ridge  City State Zip Code  Other (specify) ▼  City State Zip Code  NY 12055  FeC ID number of contributing federal political committee.  City State Zip Code  Other (specify) ▼  Occupation  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Thomas Ryan  Mailing Address 24 Bluestone Ridge  City State Zip Code  Transaction ID: SA11Al.9740  Amount of Each Receipt this Period  FeC ID number of contributing federal political committee.  Name of Employer  Occupation  Aggregate Year-to-Date ▼  Primary General  City State Zip Code  Transaction ID: SA11Al.9740  Amount of Each Receipt this Period  FeC ID number of contributing federal political committee.  | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page                      | FOR LINE NUMBER: PAGE 40 / 53 (check only one)  X 11a 11b 11c 12 12 15 16 17             |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) Ellen Runyon  Mailing Address 625 State Street  City Schenectady NY 12047  FEG ID number of contributing federal political committee.  Name of Employer WP Pof E Business  Full Name (Last, First, Middle Initial) Ellen Runyon  Mailing Address 625 State Street  City Schenectady Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Ellen Runyon  NyP of E Business  B. Ellen Runyon  Mailing Address 625 State Street  City Schenectady Ny 12047  FEC ID number of contributing federal political committee.  C C Schenectady  Ny 12047  FEC ID number of contributing federal political committee.  C C Decupation NyP of E Business  Aggregate Year-to-Date ▼  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Transaction ID: SA11AI.9739  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.9739  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.9739  Amount of Each Receipt this Period  Transaction ID: SA11AI.9740  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.9740  Amount of Each Receipt this Period  Transaction ID: SA11AI.9740  Amount of Each Receipt this Period  Transaction ID: SA11AI.9740  Amount of Each Receipt this Period  Transaction ID: SA11AI.9740  Amount of Each Receipt this Period  Transaction ID: SA11AI.9740  Amount of Each Receipt this Period  Transaction ID: SA11AI.9740  Amount of Each Receipt this Period  Transaction ID: SA11AI.9740  Amount of Each Receipt this Period   | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  | Statements may not be sold or used by any persore name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street  City State Zip Code NY 12047  FEC ID number of contributing federal political committee.  Name of Employer  WP  Finanse Ryan Mailing Address 24 Bluestone Ridge  City State Zip Code NY 12047  Anount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) City City State Zip Code NY 12065  Full Name (Last, First, Middle Initial)  City State Zip Code NY 12065  FEC ID number of contributing federal political committee.  City City State Zip Code NY 12065  FEC ID number of contributing federal political committee.  Name of Employer  Coccupation  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Feceipt For: Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Receipt For: Aggregate Year-to-Date ▼  Receipt For: Aggregate Year-to-Date ▼  | Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: | NY 12047  C  Occupation VP of E Business  Aggregate Year-to-Date ▼                                 | Transaction ID: SA11AI.9738  Amount of Each Receipt this Period                          |
| Primary General Other (specify) ▼    C. Full Name (Last, First, Middle Initial) Thomas Ryan   Mailing Address 24 Bluestone Ridge   City   State   Zip Code   Clifton Park   NY   12065     Name of Employer   Occupation     Receipt For:   Primary   General     Primary   General   Address   Address | Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street  City Schenectady  FEC ID number of contributing federal political committee.                                     | State Zip Code NY 12047  C Occupation  | Transaction ID: SA11AI.9739  Amount of Each Receipt this Period                          |
| Receipt For:  Primary  General  Aggregate Year-to-Date  F20,00  | Primary General Other (specify)  Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge  City Clifton Park  FEC ID number of contributing                               | State Zip Code NY 12065  | Transaction ID: SA11AI.9740  Amount of Each Receipt this Period                          |
| SUBTOTAL of Receipts This Page (optional)   | Name of Employer  Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 630.00  | 70.00  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                     | FOR LINE NUMBER: PAGE 41 / 53 (check only one)    X              |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                             | Statements may not be sold or used by any personance and address of any political committee | erson for the purpose of soliciting contributions                |
| Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer | State Zip Code NY 12065  C  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y   |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 660.00   |  |
| Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge  |   | Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y |
| City  | State Zip Code  | Transaction ID: SA11AI.9742                                      |
| Clifton Park  | NY 12065  | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.  | C   | 30.00  |
| Name of Employer  | Occupation  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 690.00   |  |
| Full Name (Last, First, Middle Initial) Daniel Sauer  | .1  | Date of Receipt  |
| Mailing Address 160 Fifth Avenue  |   | 10 21 2010   |
| City  | State Zip Code  | Transaction ID: SA11AI.9743                                      |
| Saratoga Springs  | NY 12866  | Amount of Each Receipt this Period                               |
| FEC ID number of contributing federal political committee.  | C   | 30.00  |
| Name of Employer<br>MVP   | Occupation VP Sales   |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 630.00   | •  |
| SUBTOTAL of Receipts This Page (optional)   |   | 90.00  |

|           | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS                                    | Use separate schedule(s) for each category of the Detailed Summary Page                        | FOR LINE NUMBER: PAGE 42 / 53 (check only one)    X   11a                                    |
|-----------|--|--|--|
| 4         | or for commercial purposes, other than using the                             | Statements may not be sold or used by any perse name and address of any political committee to | son for the purpose of soliciting contributions o 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) Daniel Sauer                         |  | Date of Receipt  |
|           | Mailing Address 160 Fifth Avenue   |  | 11   |
|           | City   | State Zip Code<br>NY 12866   | Transaction ID: SA11AI.9744  |
|           | Saratoga Springs  FEC ID number of contributing federal political committee. | NY 12866   | Amount of Each Receipt this Period  30.00  |
|           | Name of Employer<br>MVP  | Occupation<br>VP Sales   |  |
|           | Receipt For:  Primary General  Other (specify) ▼                             | Aggregate Year-to-Date ▼ 660.00  |  |
| _<br>3.   | Full Name (Last, First, Middle Initial)<br>Daniel Sauer                      | I  | Date of Receipt  |
|           | Mailing Address 160 Fifth Avenue   | 1 1 1 8 2 0 1 0  |  |
|           | City   | State Zip Code   | Transaction ID: SA11AI.9745  |
|           | Saratoga Springs   | NY 12866   | Amount of Each Receipt this Period   |
|           | FEC ID number of contributing federal political committee.                   | C  | 30.00  |
|           | Name of Employer<br>MVP  | Occupation VP Sales  |  |
|           | Receipt For:   | Aggregate Year-to-Date ▼   |  |
|           | Primary General Other (specify) ▼  | 690.00   |  |
| -<br>).   | Full Name (Last, First, Middle Initial)<br>Margaret Stevenson                | 1  | Date of Receipt  |
|           | Mailing Address 3968 Thrush Ln   |  | 10 22 2010   |
|           | City   | State Zip Code   | Transaction ID: SA11AI.9761  |
|           | Liverpool  | NY 13090   | Amount of Each Receipt this Period   |
|           | FEC ID number of contributing federal political committee.                   | C  | 10.00  |
|           | Name of Employer   | Occupation   |  |
|           | Receipt For:  Primary General  Other (specify) ▼                             | Aggregate Year-to-Date ▼ 210.00  |  |
|           |  |  | 70.00  |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                                 | FOR LINE NUMBER: PAGE 43 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 17          |
|---|---|--|
| Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC   | d Statements may not be sold or used by any perso<br>the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Margaret Stevenson Mailing Address 3968 Thrush Ln  City Liverpool  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)   | State Zip Code NY 13090  C  Occupation  Aggregate Year-to-Date  220.00                                  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| Full Name (Last, First, Middle Initial) Margaret Stevenson Mailing Address 3968 Thrush Ln  City Liverpool  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General   | State Zip Code NY 13090  C  Occupation  Aggregate Year-to-Date ▼  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                           |
| Full Name (Last, First, Middle Initial) David Stitt Mailing Address 684 Macelroy Road  City Ballston Spa  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)   City City City City City City City Cit |   | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                             |
| SUBTOTAL of Receipts This Page (optional  | ) <b>&gt;</b>   | 30.00  |

|                     | DULE A (FEC Form 3X)<br>ZED RECEIPTS  |                              | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 17                   |
|---------------------|---|------------------------------|---|---|
| or for com          | nation copied from such Reports and St<br>imercial purposes, other than using the<br>OF COMMITTEE (In Full)<br>Health Care Inc. Federal PAC | atements may<br>name and add | y not be sold or used by any perso<br>dress of any political committee to     | on for the purpose of soliciting contributions o solicit contributions from such committee.       |
| Mailing City        | ame (Last, First, Middle Initial) Stitt  Address 684 Macelroy Road on Spa   | State<br>NY                  | Zip Code<br>12019   | Date of Receipt  1 1 0 4 2 0 1 0  Transaction ID: SA11AI.9765  Amount of Each Receipt this Period |
| Name<br>MVP         | O number of contributing political committee.  of Employer  | Occupation Pharmaco          | n<br>cy Director  | 10.00   |
|                     | Primary General  Other (specify) ▼  | Aggregate                    | e Year-to-Date ▼<br>220.00  |   |
| David 9             | ame (Last, First, Middle Initial) Stitt  Address 684 Macelroy Road  |                              |   | Date of Receipt    M  |
| City                | 0   | State                        | Zip Code  | Transaction ID: SA11AI.9766   |
| FEC II              | on Spa  D number of contributing political committee.   | C                            | 12019   | Amount of Each Receipt this Period  |
| Name<br>MVP         | of Employer   | Occupatio<br>Pharmac         | n<br>cy Director  |   |
|                     | ot For:<br>Primary General<br>Other (specify) ▼   |                              | e Year-to-Date ▼<br>230.00  |   |
| Tracy               | ame (Last, First, Middle Initial) Fadaro-Ott Address 33 Everett Drive   |                              |   | Date of Receipt   |
|                     | Addiess 33 Everett Dilve  |                              |   | 10 21 2010  |
| City<br><u>Roch</u> | ester   | State<br>NY                  | Zip Code<br>14624   | Transaction ID: SA11AI.9767  Amount of Each Receipt this Period                                   |
| FEC II              | O number of contributing political committee.   | C                            |   | 40.00   |
| Name<br>MVP         | of Employer   | Occupatio<br>VP, Sale        |   |   |
|                     | ot For:<br>Primary General<br>Other (specify) ▼   |                              | e Year-to-Date ▼ 750.00   |   |
|                     | AL of Receipts This Page (optional)   |                              |   | 60.00   |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS  | Χ)   | Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:   PAGE 45 / 53   (check only one)   |
|--|--|---|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may                                  | y not be sold or used by any person   | on for the purpose of soliciting contributions of solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC                            |  | , , ,   |  |
| Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott                                 |  |   | Date of Receipt  |
| Mailing Address 33 Everett Drive   |  |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| City<br>Rochester  | State<br>NY  | Zip Code<br>14624   | Transaction ID: SA11AI.9768  |
| FEC ID number of contributing federal political committee.                               | C  | 14024   | Amount of Each Receipt this Period 40.00   |
| Name of Employer<br>MVP  | Occupation VP, Sale                                |   |  |
| Receipt For:  Primary General  Other (specify) ▼   |  | Year-to-Date ▼ 790.00   |  |
| Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott                                 |  |   | Date of Receipt  |
| Mailing Address 33 Everett Drive   |  |   | 1 1 1 8 2 0 1 0  |
| City<br>Rochester  | State<br>NY  | Zip Code<br>14624   | Transaction ID: SA11AI.9769  |
| FEC ID number of contributing federal political committee.                               | C  | 14024   | Amount of Each Receipt this Period 40.00   |
| Name of Employer<br>MVP  | Occupation VP, Sale                                |   |  |
| Receipt For:  Primary General  Other (specify) ▼   | <del>-   '                                  </del> | Year-to-Date ▼ 830.00   |  |
| Full Name (Last, First, Middle Initial) John Vangraafeiland                              |  |   | Date of Receipt  |
| Mailing Address 85 Pinehurst Place   |  |   | 10 21 2010   |
| City<br>Middletown   | State<br>CT  | Zip Code<br>06457   | Transaction ID: SA11AI.9779  Amount of Each Receipt this Period                              |
| FEC ID number of contributing federal political committee.                               | C  | 00107   | 40.00  |
| Name of Employer<br>MVP  | Occupation CIO                                     | n   |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate  | Year-to-Date ▼ 750.00   |  |
| SUBTOTAL of Receipts This Page (optional   | J)   |   | 120.00   |

| SCHEDULE A (FEC FOI<br>ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page   | FOR LINE NUMBER: PAGE 46 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 17   |
|--|---|---|
| Any information copied from such Re or for commercial purposes, other the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Feder                                   | ports and Statements may not be sold or used by any per<br>an using the name and address of any political committee | rson for the purpose of soliciting contributions to solicit contributions from such committee.                                      |
| Full Name (Last, First, Middle Init John Vangraafeiland Mailing Address 85 Pinehurs: City Middletown FEC ID number of contributing                                 | Place State Zip Code CT 06457   | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y  |
| federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼  | C Occupation CIO  Aggregate Year-to-Date ▼  790.00  | 40.00   |
| Full Name (Last, First, Middle Init John Vangraafeiland Mailing Address 85 Pinehurs:  City  Middletown  FEC ID number of contributing federal political committee. |   | Date of Receipt    M M M  |
| Name of Employer MVP  Receipt For:  Primary General  Other (specify) ▼   | Occupation CIO  Aggregate Year-to-Date ▼  830.00  |   |
| Full Name (Last, First, Middle Init Shanon Vollmer Mailing Address 30 Wilton Co City Clifton Park FEC ID number of contributing federal political committee.       | <u></u>   | Date of Receipt  M M M / D D / Y Y Y Y Y Y  1 0 2 1 2 0 1 0  Transaction ID: SA11AI.9782  Amount of Each Receipt this Period  30.00 |
| Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼  | Occupation Associate Counsel  Aggregate Year-to-Date ▼  630.00  |   |
| SUBTOTAL of Receipts This Page   | (optional)  | 110.00  |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS  | Use separate schedule(s) for each category of the Detailed Summary Page  | FOR LINE NUMBER: PAGE 47 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 17              |
|---|--|--|
| Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal P  | s and Statements may not be sold or used by any perso<br>sing the name and address of any political committee to<br>AC | n for the purpose of soliciting contributions solicit contributions from such committee.     |
| Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: | State Zip Code NY 12065  C  Occupation Associate Counsel Aggregate Year-to-Date ▼                                      | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                               |
| Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Shanon Vollmer  Mailing Address 30 Wilton Court  | 660.00   | Date of Receipt  1 1 1 8 2 0 1 0   |
| City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer MVP   | State Zip Code NY 12065  C Occupation Associate Counsel  | Transaction ID: SA11AI.9785  Amount of Each Receipt this Period  30.00                       |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 690.00  |  |
| Full Name (Last, First, Middle Initial) James Wall Mailing Address 19 Stonegath Ro  City Ballston Lake  | oad State Zip Code NY 12019  | Date of Receipt  10 21 2010  Transaction ID: SA11AI.9789  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  Name of Employer MVP  | Occupation   | 10.00  |
| Receipt For: Primary General Other (specify)  | Director  Aggregate Year-to-Date ▼  210.00   |  |
| SUBTOTAL of Receipts This Page (opti  | onal)  | 70.00  |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                          | FOR LINE NUMBER: PAGE 48 / 53 (check only one)  X 11a 11b 11c 12 15 16 17                |
|--|--|--|
| or for commercial purposes, other than using th  NAME OF COMMITTEE (In Full)           | Statements may not be sold or used by any perso e name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| MVP Health Care Inc. Federal PAC   |  |  |
| Full Name (Last, First, Middle Initial)  James Wall  Mailing Address 19 Stonegath Road |  | Date of Receipt  |
| City   | State Zip Code<br>NY 12019   | 1 1 0 4 2 0 1 0  Transaction ID: SA11AI.9790   |
| Ballston Lake  FEC ID number of contributing federal political committee.              | NY 12019   | Amount of Each Receipt this Period  10.00  |
| Name of Employer<br>MVP  | Occupation Director  |  |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼ 220.00  |  |
| Full Name (Last, First, Middle Initial)  James Wall  Mailing Address 19 Stonegath Road | 1  | Date of Receipt  |
| City   | State Zip Code   | 1 1 1 8 2 0 1 0  Transaction ID: SA11AI.9791   |
| Ballston Lake  | NY 12019   | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.                             | C  | 10.00  |
| Name of Employer<br>MVP  | Occupation Director  |  |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼ 230.00  |  |
| Full Name (Last, First, Middle Initial) Tracey Welch                                   |  | Date of Receipt  |
| Mailing Address 134 Thornberry Lane  |  | 10 22 7 2010   |
| City<br><u>Rensselaer</u>  | State Zip Code NY 12144  | Transaction ID: SA11AI.9798  Amount of Each Receipt this Period                          |
| FEC ID number of contributing federal political committee.                             | C  | 20.00  |
| Name of Employer   | Occupation   |  |
| Receipt For:  Primary General  Other (specify) ▼                                       | Aggregate Year-to-Date ▼ 320.00  |  |
| SUBTOTAL of Receipts This Page (optional) .  |  | 40.00  |
| TOTAL This Period (last page this line numbe   | r only)  |  |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS   | Use separate schedule(s) for each category of the Detailed Summary Page                         | FOR LINE NUMBER: PAGE 49 / 53 (check only one)  X 11a 11b 11c 12 13 14 15 16 |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC | Statements may not be sold or used by any per<br>le name and address of any political committee | son for the purpose of soliciting contributions                              |
| Full Name (Last, First, Middle Initial) Tracey Welch Mailing Address 134 Thornberry Lane City Rensselaer  | State Zip Code<br>NY 12144  | Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                 |
| FEC ID number of contributing federal political committee.  Name of Employer  | Occupation  | 20.00  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  340.00  |  |
| Full Name (Last, First, Middle Initial) Tracey Welch Mailing Address 134 Thornberry Lane  | Date of Receipt  1 1 1 9 2 0 1 0  |  |
| City  | State Zip Code  | Transaction ID: SA11AI.9800  |
| Rensselaer  | NY 12144  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.  Name of Employer  | C   | 20.00  |
| Receipt For: Primary General Other (specify)  | Occupation  Aggregate Year-to-Date ▼  360.00  |  |
| Full Name (Last, First, Middle Initial) Peter Whitehouse  |   | Date of Receipt  |
| Mailing Address 16 Oak Hill Drive   |   | 10 21 YYYYY<br>21 2010   |
| City  | State Zip Code  | Transaction ID: SA11AI.9801  |
| Loudon  FEC ID number of contributing federal political committee.  | NH 03307  | Amount of Each Receipt this Period  30.00                                    |
| Name of Employer  | Occupation  |  |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼  330.00  |  |
| SUBTOTAL of Receipts This Page (optional)   | 1   | 70.00  |

A.

В.

Receipt For:

Primary

Other (specify)

General

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

PAGE 50 / 53 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c Detailed Summary Page 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Date of Receipt Peter Whitehouse Mailing Address 16 Oak Hill Drive 04 2010 1.1 City State Zip Code Transaction ID: SA11AI.9802 Loudon NH 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General Primary 360.00 Other (specify) Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 18 2010 City Transaction ID: SA11AI.9803 State Zip Code Loudon NH 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation

| SUBTOTAL of Receipts This Page (optional)           | <b>•</b> | 60.00   |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <b>•</b> | 3841.00 |

Aggregate Year-to-Date

390.00

| ITEM   | SCHEDULE B (FEC Form 3X)  |  |                         |                         | Use separate schedule(s)                 |            |                     | s) FOR LINE NUMBER: PAGE 51 / 50 (check only one) |                       |                |                         |                                       |      |
|--|---|--|-------------------------|-------------------------|--|------------|---------------------|---|-----------------------|----------------|-------------------------|---------------------------------------|------|
|  | IIZED DIS   | SBURSEMEN  | TS for                  | each (                  | category of the<br>Summary Page          |            | 21b<br>27           | y one)<br>22<br>28a                               | X 23<br>28b           | 24 280         |                         | 25<br>29                              | ];   |
|  |   | ed from such Reports rposes, other than using  |                         |                         |  |            |                     |   |                       |                |                         |                                       |      |
| NAN  | ME OF COM   | MITTEE (In Full)<br>are Inc. Federal PA  |                         |                         |  |            |                     |   |                       |                |                         |                                       |      |
|  |   | First, Middle Initial) CONGRESS  |                         |                         |  |            |                     |   | action I              | D: SB20        | 3.9838                  |                                       |      |
| Mai  | Mailing Address P.O. Box 8508   |  |                         |                         |  |            |                     | 10  | M / C                 | 15             | Ý Ž C                   | ) 1 0 °                               |      |
| City<br>Utio   |   |  | State<br>NY             |                         | Zip Code<br>13505                        |            |                     | Amou  | nt of Ead             | ch Disburs     |                         |                                       | rioc |
|  | pose of Disbu   | ırsement   |                         |                         |  | _          | 11                  | L.  |                       |                | 2000                    | 0.00                                  |      |
| MIC  | ndidate Name<br>CHAEL A. A  |  | Disbursement            | Fav.                    | 2010                                     | l .        | egory/<br>/pe       |   |                       |                |                         |                                       |      |
|  | ice Sought:<br>te: NY   | X House Senate President District: 24  | Prim                    | nary                    | X General ecify) ▼                       |            |                     |   |                       |                |                         |                                       |      |
|  | Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS   |  |                         |                         |  |            |                     |   | of Disbu              |                | 3.9843                  |                                       |      |
| Mai  | Mailing Address PO Box 247  |  |                         |                         |  |            |                     | 10  | M / C                 | 26             | ž                       | ) 1 0 `                               |      |
|  |   |  |                         |                         |  |            |                     |   |                       |                |                         | u. t. D.                              |      |
| City<br>Kin  | ,<br>iderhook   |  | State<br>NY             |                         | Zip Code<br>12106                        |            |                     | Amou  | nt of Ead             | ch Disburs     | sement t                | inis Pe                               | rio  |
| Kin<br>Pur <sub>l</sub>                                  | derhook<br>pose of Disbu  | ırsement   |                         |                         |  | Ō          | 11                  | Amou  | nt of Ead             | ch Disburs     |                         | 0.00                                  | rio  |
| Kin<br>Pur <sub>l</sub><br>Can                           | derhook   |  |                         |                         |  | Cate       | 11<br>egory/<br>/pe | Amou  | nt of Ead             | ch Disburs     |                         |                                       | rio  |
| Rin<br>Purp<br>Can<br>CH<br>Office                       | derhook<br>pose of Disbu<br>ndidate Name<br>IRIS P GIBS<br>ice Sought:  | SON  X House Senate President  | Disbursement Prim       | For:                    |  | Cate       | egory/              | Amou  | nt of Ead             | ch Disburs     |                         |                                       | rio  |
| Kin Purp Can CH Office Stat                              | nderhook pose of Disbu ndidate Name IRIS P GIBS ice Sought: te: NY Name (Last,  | SON  X House Senate  | Disbursement Prim       | For:                    | 2010<br>X General                        | Cate       | egory/              | Trans<br>Date of                                  | action I              | D: SB23        | 2000                    | 0.00                                  |      |
| Can Offic  Stat  Full DO                                 | nderhook pose of Disbu ndidate Name IRIS P GIBS ice Sought: te: NY Name (Last,  | SON  X House Senate President District: 20  First, Middle Initial)   | Disbursement Prim Other | For:                    | 2010<br>X General                        | Cate       | egory/              | Trans<br>Date of                                  | action I              | D: SB23        | 2000                    | 0.00                                  |      |
| Can CH Offi  Stat Full DO Mail                           | nderhook pose of Disbu  | First, Middle Initial)  CONGRESS  107 Court Stree PO Box 257   | Disbursement Prim Other | For:<br>nary<br>er (spe | 2010<br>X General                        | Cate       | egory/              | Trans Date of                                     | action I<br>of Disbur | D: SB23        | 2000<br>3.9840<br>Y 2 0 | 0.00<br>) 1 0 <sup>*</sup><br>this Pe |      |
| State Full DO Mail                                       | nderhook pose of Disbu  | First, Middle Initial)  CONGRESS  107 Court Stree PO Box 257   | Disbursement Prim Other | For:<br>nary<br>er (spe | 2010  X General ecify)   Zip Code        | Cate<br>Ty | egory/<br>/pe       | Trans Date of                                     | action I<br>of Disbur | D: SB23 sement | 2000<br>3.9840<br>Y 2 0 | 0.00<br>0 1 0 1                       |      |
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| State DO Mail City Wa Purp Can MA Office                 | nderhook pose of Disbu indidate Name IRIS P GIBS ice Sought:  te: NY Name (Last, DHENY FOF ling Address attertown pose of Disbu indidate Name       | First, Middle Initial)  CONGRESS  107 Court Stree PO Box 257   | Disbursement Other      | For:<br>For:<br>nary    | 2010  X General ecify)   Zip Code        | Cate Ty    | egory/<br>/pe       | Trans Date of                                     | action I<br>of Disbur | D: SB23 sement | 2000<br>3.9840<br>Y 2 0 | 0.00<br>) 1 0 <sup>*</sup><br>this Pe |      |

| IT | CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS  y Information copied from such Reports and | for each category of Detailed Summary F            | the check or 21b 27 | 22 X 23 24 25 26<br>28a 28b 28c 29 30b          |
|----|--|--|---------------------|---|
|    | for commercial purposes, other than using the NAME OF COMMITTEE (In Full)                |  |                     | · ·   |
| /  | MVP Health Care Inc. Federal PAC   |  |                     |   |
|    | Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI  Mailing Address PO Box 74 |  |                     | Transaction ID: SB23.9836 Date of Disbursement  |
|    | City Syracuse Purpose of Disbursement  | State Zip Code<br>NY 13214                         | 011                 | Amount of Each Disbursement this Period 2000.00 |
|    | Candidate Name<br>DANIEL B MR. MAFFEI  |  | Category/<br>Type   |   |
|    | Office Sought:  X House Senate President State: NY District: 25                          | sbursement For: 2010 Primary X Ger Other (specify) |                     |   |

| SUBTOTAL of Disbursements This Page (optional)      | •        | 2000.00 |
|---|----------|---------|
| TOTAL This Period (last page this line number only) | <b>—</b> | 8000.00 |

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

(Use separate schedule(s)

PAGE 53 / 53 FOR LINE NUMBER:

| Excluding | Loans |
|-----------|-------|
|-----------|-------|

M

| :BIS AND OBLIGA                        | ATIONS                             |                                       | for each<br>numbered line) | (check only one)       | 9           |
|--|------------------------------------|---------------------------------------|----------------------------|------------------------|-------------|
| cluding Loans                          | In Eull\                           |                                       | namberea line)             |                        | X 10        |
| AME OF COMMITTEE ( VP Health Care Inc. |                                    |                                       |                            |                        |             |
|  |                                    |                                       |                            |                        |             |
| ,                                      | rst, Middle Initial) of Debto      | r or Creditor                         |                            | ebt (Purpose):         |             |
| Deluxe Business Ch                     | necks                              |                                       | Check Pri                  | nting                  |             |
| Mailing Address P.O                    | Roy 7/2572                         |                                       |                            |                        |             |
| Walling Address 1.0                    | . DOX 1-2012                       |                                       |                            |                        |             |
| City                                   | State                              | ZIP Code                              |                            |                        |             |
| Cincinnati                             | ОН                                 | 45274                                 |                            |                        |             |
| Outstanding Balance                    | Beginning This Period              |                                       | Tra                        | nsaction ID: SD10.4    | 163         |
|  | 145.00                             |                                       |                            |                        |             |
| Amount Incur                           | rred This Period                   | Payment This Period                   | Outstandi                  | ng Balance at Close of | This Period |
|  | 0.00                               | 0.00                                  |                            |                        | 145.00      |
|  | 0.00                               |                                       |                            |                        |             |
| B. Full Name (Last, Fi                 | rst, Middle Initial) of Debto      | r or Creditor                         |                            | ebt (Purpose):         |             |
| Media Well Done                        |                                    |                                       | Advertisin                 | ıg                     |             |
| Mailing Address 96 J                   | lay Stroot                         |                                       |                            |                        |             |
| Mailing Address 90 0                   | day Sireet                         |                                       |                            |                        |             |
| City                                   | State                              | ZIP Code                              |                            |                        |             |
| Schenectady                            | NY                                 | 12305                                 |                            |                        |             |
| Outstanding Balance                    | Beginning This Period              |                                       | Tra                        | nsaction ID: SD10.4    | 165         |
|  | 338.00                             |                                       |                            |                        |             |
| Amount Incur                           | rred This Period                   | Payment This Period                   | Outstandi                  | ng Balance at Close of | This Period |
|  | 0.00                               | 0.00                                  |                            |                        | 338.00      |
|  | 0.00                               | 3.00                                  |                            |                        | 000.00      |
|  |                                    |                                       |                            |                        |             |
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|  |                                    |                                       |                            |                        | -           |
| SUBTOTALS This Pe                      | eriod This Page (optional).        |                                       | <b>&gt;</b>                | 483.                   | 00          |
| TOTAL C. THE DOC 10                    | One the second being the second to | and A                                 | _ <b>,</b>                 | 483.                   | 00          |
| TOTALS This Period (                   | last page this line number         | only)                                 |                            | 403.1                  |             |
| TOTAL OUTSTANDIN                       | IG LOANS from Sched                | ule C (last page only)                | <b>&gt;</b>                | 0.0                    | 00          |
|  |                                    |                                       | _ ,                        | -                      |             |
| ADD 2) and 3) and ca                   | arry forward to appropriate        | line of Summary Page (last page only) | <b>&gt;</b>                | 483.                   | 00          |