

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		36764.84
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	43615.34									
(c) Total Receipts (from Line 19)	4927.00	42825.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48542.34	79589.84								
7. Total Disbursements (from Line 31)	8000.00	39047.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40542.34	40542.34								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	483.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	3841.00	26265.00
(ii) Unitemized	1086.00	16560.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4927.00	42825.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4927.00	42825.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4927.00	42825.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4927.00	42825.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4927.00	42825.00
34. Total Contribution Refunds (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

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)

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

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

A.

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

Mailing Address 6 Doris Drive

City State Zip Code
Scotia NY 12302

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

Name of Employer MVP Service Corp Occupation VP, Sales Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: SA11AI.9499

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 6 Doris Drive

City State Zip Code
Scotia NY 12302

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

Name of Employer MVP Service Corp Occupation VP, Sales Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: SA11AI.9500

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 6 Doris Drive

City State Zip Code
Scotia NY 12302

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

Name of Employer MVP Service Corp Occupation VP, Sales Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
690.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.9501

Amount of Each Receipt this Period
30.00

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

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

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

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

FOR LINE NUMBER: PAGE 7 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 9 Wembly Court

City State Zip Code
Delmar NY 12054

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

Transaction ID: SA11AI.9511

Amount of Each Receipt this Period
20.00

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

Mailing Address 9 Wembly Court

City State Zip Code
Delmar NY 12054

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.9512

Amount of Each Receipt this Period
20.00

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

Mailing Address 9 Wembly Court

City State Zip Code
Delmar NY 12054

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.9513

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 1 / 2 0 1 0
	City	State	Zip Code
	Rochester	NY	14618
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9514
Name of Employer MVP		Occupation VP Medical Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 630.00	

B.	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 4 / 2 0 1 0
	City	State	Zip Code
	Rochester	NY	14618
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9515
Name of Employer MVP		Occupation VP Medical Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 660.00	

C.	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 8 / 2 0 1 0
	City	State	Zip Code
	Rochester	NY	14618
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9516
Name of Employer MVP		Occupation VP Medical Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 30.00
		<input type="text"/> 690.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Laura Davis	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 212 Meriline Ave.	Transaction ID: SA11AI.9529
	City State Zip Code Scotia NY 12302	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00	

B.	Full Name (Last, First, Middle Initial) Laura Davis	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 212 Meriline Ave.	Transaction ID: SA11AI.9530
	City State Zip Code Scotia NY 12302	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Laura Davis	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 212 Meriline Ave.	Transaction ID: SA11AI.9531
	City State Zip Code Scotia NY 12302	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Health Care Inc Occupation Clinical Pharmacist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Patricia Deferio	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 7723 Majestic Drive	Transaction ID: SA11AI.9532
	City State Zip Code Liverpool NY 13090	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Regional Network Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

B.	Full Name (Last, First, Middle Initial) Patricia Deferio	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 7723 Majestic Drive	Transaction ID: SA11AI.9533
	City State Zip Code Liverpool NY 13090	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Regional Network Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 790.00	

C.	Full Name (Last, First, Middle Initial) Patricia Deferio	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 7723 Majestic Drive	Transaction ID: SA11AI.9534
	City State Zip Code Liverpool NY 13090	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Regional Network Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 830.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 53
(check only one)

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

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

A.

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

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

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

Transaction ID: SA11AI.9541

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.9542

Amount of Each Receipt this Period
40.00

C.

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

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.9543

Amount of Each Receipt this Period
40.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 53
(check only one)

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

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

A.

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: 10 / 21 / 2010
Transaction ID: SA11AI.9554
 Amount of Each Receipt this Period: 60.00

B.

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: SA11AI.9555
 Amount of Each Receipt this Period: 60.00

C.

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.9556
 Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 53
(check only one)

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

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

A.

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

Mailing Address 166 Jordan Blvd

City State Zip Code
Delmar NY 12054

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

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

Transaction ID: SA11AI.9563

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 166 Jordan Blvd

City State Zip Code
Delmar NY 12054

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

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

Transaction ID: SA11AI.9564

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 166 Jordan Blvd

City State Zip Code
Delmar NY 12054

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
370.00

Date of Receipt
M M / D D / Y Y Y Y
1 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) ► **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 14 / 53
(check only one)

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

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

A.

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

Mailing Address 220 Alexander Street

City State Zip Code
ROchester NY 14607

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

Name of Employer MVP Health Care Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

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

Transaction ID: SA11AI.9566

Amount of Each Receipt this Period

30.00

B.

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

Mailing Address 220 Alexander Street

City State Zip Code
ROchester NY 14607

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

Name of Employer MVP Health Care Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Transaction ID: SA11AI.9567

Amount of Each Receipt this Period

30.00

C.

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

Mailing Address 220 Alexander Street

City State Zip Code
ROchester NY 14607

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

Name of Employer MVP Health Care Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

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

Transaction ID: SA11AI.9568

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 53
(check only one)

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

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

A.

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

Mailing Address 3 Bay Crest Drive

City State Zip Code
South Burlington VT 05403

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

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

Transaction ID: SA11AI.9572

Amount of Each Receipt this Period
12.00

B.

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

Mailing Address 3 Bay Crest Drive

City State Zip Code
South Burlington VT 05403

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.9573

Amount of Each Receipt this Period
12.00

C.

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

Mailing Address 3 Bay Crest Drive

City State Zip Code
South Burlington VT 05403

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt
M M / D D / 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**

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	W. Hartford	CT	06117
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9575
Name of Employer MVP		Occupation Exec VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="45.00"/>
		<input type="text" value="895.00"/>	

B.	Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
	Mailing Address 75 Robinwood Drive		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Clifton Park	NY	12065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9579
Name of Employer MVP		Occupation VP Health Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
		<input type="text" value="420.00"/>	

C.	Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
	Mailing Address 75 Robinwood Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Clifton Park	NY	12065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9580
Name of Employer MVP		Occupation VP Health Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
		<input type="text" value="440.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="85.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 53
(check only one)

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

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

A.

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

Mailing Address 75 Robinwood Drive

City State Zip Code
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.9581

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 165 Windemere Road

City State Zip Code
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: SA11AI.9585

Amount of Each Receipt this Period
80.00

C.

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

Mailing Address 165 Windemere Road

City State Zip Code
Rochester NY 14610

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

Name of Employer MVP Occupation VP, Medicare Products

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1580.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.9586

Amount of Each Receipt this Period
80.00

SUBTOTAL of Receipts This Page (optional) ► 180.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rochester	NY	14610
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.9587
Name of Employer MVP		Occupation VP, Medicare Products	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 1660.00	

B.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.9588
Name of Employer MVP		Occupation EVP & Chief Legal Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 70.00
		<input type="text"/> 1370.00	

C.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee.	<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.9589
Name of Employer MVP		Occupation EVP & Chief Legal Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 70.00
		<input type="text"/> 1440.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 53
(check only one)

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

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

A.

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

Mailing Address 803 Via Marchella

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1510.00

Date of Receipt MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.9590

Amount of Each Receipt this Period 70.00

B.

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

Mailing Address 134 Overlook Lane

City State Zip Code
Duanesburg NY 12056

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

Name of Employer MVP Occupation IT Ombudsman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY
10 / 21 / 2010

Transaction ID: SA11AI.9591

Amount of Each Receipt this Period 10.00

C.

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

Mailing Address 134 Overlook Lane

City State Zip Code
Duanesburg NY 12056

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

Name of Employer MVP Occupation IT Ombudsman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt MM / DD / YYYY
11 / 04 / 2010

Transaction ID: SA11AI.9592

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 53
(check only one)

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

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

A.

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

Mailing Address 134 Overlook Lane

City Duanesburg State NY Zip Code 12056

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

Name of Employer MVP Occupation IT Ombudsman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.9593
 Amount of Each Receipt this Period: 10.00

B.

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1680.00

Date of Receipt: 10 / 21 / 2010
Transaction ID: SA11AI.9597
 Amount of Each Receipt this Period: 80.00

C.

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

Mailing Address 144 Berry Road

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1760.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: SA11AI.9598
 Amount of Each Receipt this Period: 80.00

SUBTOTAL of Receipts This Page (optional) ► 170.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 18 / 2010
	City	State	Zip Code
	Loudon	NH	03307
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9599
Name of Employer MVP		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
		<input type="text"/> 1840.00	

B.	Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt
	Mailing Address 45 Crestwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010
	City	State	Zip Code
	Schenectady	NY	12306
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9607
Name of Employer MVP		Occupation Administrative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 240.00	

C.	Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt
	Mailing Address 45 Crestwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 19 / 2010
	City	State	Zip Code
	Schenectady	NY	12306
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9608
Name of Employer MVP		Occupation Administrative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00
		<input type="text"/> 260.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 120.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 22 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gary Hughes
 Mailing Address 1602 Bradley Street
 City State Zip Code
 Schenectady NY 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt MM / DD / YYYY
 10 / 21 / 2010
Transaction ID: SA11AI.9612
 Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Gary Hughes
 Mailing Address 1602 Bradley Street
 City State Zip Code
 Schenectady NY 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00
 Date of Receipt MM / DD / YYYY
 11 / 04 / 2010
Transaction ID: SA11AI.9613
 Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Gary Hughes
 Mailing Address 1602 Bradley Street
 City State Zip Code
 Schenectady NY 12309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00
 Date of Receipt MM / DD / YYYY
 11 / 18 / 2010
Transaction ID: SA11AI.9614
 Amount of Each Receipt this Period 10.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt MM / DD / YYYY
10 / 21 / 2010

Transaction ID: SA11AI.9618

Amount of Each Receipt this Period 30.00

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

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt MM / DD / YYYY
11 / 04 / 2010

Transaction ID: SA11AI.9619

Amount of Each Receipt this Period 30.00

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

Mailing Address 38 Fox Hill Drive

City State Zip Code
Fairport NY 14450

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

Name of Employer MVP Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.9620

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 53
(check only one)

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

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

A.

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 10 / 22 / 2010
Transaction ID: SA11AI.9624
 Amount of Each Receipt this Period 40.00

B.

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 790.00

Date of Receipt: 11 / 05 / 2010
Transaction ID: SA11AI.9625
 Amount of Each Receipt this Period 40.00

C.

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt: 11 / 19 / 2010
Transaction ID: SA11AI.9626
 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
William John
 Mailing Address 5 Sonat Road
 City State Zip Code
 Clifton Park NY 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00
 Date of Receipt MM / DD / YYYY
 10 / 21 / 2010
Transaction ID: SA11AI.9630
 Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
William John
 Mailing Address 5 Sonat Road
 City State Zip Code
 Clifton Park NY 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00
 Date of Receipt MM / DD / YYYY
 11 / 04 / 2010
Transaction ID: SA11AI.9631
 Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
William John
 Mailing Address 5 Sonat Road
 City State Zip Code
 Clifton Park NY 12065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MVP Occupation Administrative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00
 Date of Receipt MM / DD / YYYY
 11 / 18 / 2010
Transaction ID: SA11AI.9632
 Amount of Each Receipt this Period 10.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 53

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Barbara Leonard		Date of Receipt
	Mailing Address 848 DeCamp Avenue		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Schenectady	NY	12309
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9639
Name of Employer MVP		Occupation Administrative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="210.00"/>	

B.	Full Name (Last, First, Middle Initial) Barbara Leonard		Date of Receipt
	Mailing Address 848 DeCamp Avenue		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Schenectady	NY	12309
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9640
Name of Employer MVP		Occupation Administrative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="220.00"/>	

C.	Full Name (Last, First, Middle Initial) Barbara Leonard		Date of Receipt
	Mailing Address 848 DeCamp Avenue		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Schenectady	NY	12309
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9641
Name of Employer MVP		Occupation Administrative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="10.00"/>
		<input type="text" value="230.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 53
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt MM / DD / YYYY 10 / 21 / 2010
Mailing Address 12 Sutherland Drive		Transaction ID: SA11AI.9645
City Highland Mills	State NY	Zip Code 10930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP of Mid-Hudson Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

B.

Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 12 Sutherland Drive		Transaction ID: SA11AI.9646
City Highland Mills	State NY	Zip Code 10930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP of Mid-Hudson Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

C.

Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 12 Sutherland Drive		Transaction ID: SA11AI.9647
City Highland Mills	State NY	Zip Code 10930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP of Mid-Hudson Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 53
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William V. Little

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

Transaction ID: SA11AI.9648

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
William V. Little

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 1 0

Transaction ID: SA11AI.9649

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
William V. Little

Mailing Address 300 Partridge Lane

City State Zip Code
Charlotte VT 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.9650

Amount of Each Receipt this Period
30.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 53
(check only one)

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

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

A.

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 10 / 21 / 2010
Transaction ID: SA11AI.9663
 Amount of Each Receipt this Period: 40.00

B.

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: SA11AI.9664
 Amount of Each Receipt this Period: 40.00

C.

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.9665
 Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 53
(check only one)

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

A.

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

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt
MM / DD / YYYY
11 / 04 / 2010

Transaction ID: SA11AI.9667

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 457 Crescent Ave

City State Zip Code
Saratoga NY 12866

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
MM / DD / YYYY
11 / 18 / 2010

Transaction ID: SA11AI.9669

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 21 Joellen Drive

City State Zip Code
Rochester NY 14626

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

Name of Employer Occupation
MVP VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
840.00

Date of Receipt
MM / DD / YYYY
10 / 21 / 2010

Transaction ID: SA11AI.9677

Amount of Each Receipt this Period
40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 04 / 2010

Transaction ID: SA11AI.9678

Amount of Each Receipt this Period 40.00

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

Mailing Address 21 Joellen Drive

City Rochester State NY Zip Code 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 18 / 2010

Transaction ID: SA11AI.9679

Amount of Each Receipt this Period 40.00

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

Mailing Address 24 Kraus Road

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Administrative

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 21 / 2010

Transaction ID: SA11AI.9680

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 53
(check only one)

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

A.

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

Mailing Address 24 Kraus Road

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 11 / 04 / 2010
Transaction ID: SA11AI.9681
 Amount of Each Receipt this Period: 10.00

B.

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

Mailing Address 24 Kraus Road

City Albany State NY Zip Code 12203

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

Name of Employer MVP Occupation Administrative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 18 / 2010
Transaction ID: SA11AI.9682
 Amount of Each Receipt this Period: 10.00

C.

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

Mailing Address 54 Henderson Road

City Glenmont State NY Zip Code 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 10 / 21 / 2010
Transaction ID: SA11AI.9683
 Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

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

Mailing Address 54 Henderson Road

City State Zip Code
Glenmont NY 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 11 / 04 / 2010

Transaction ID: SA11AI.9684

Amount of Each Receipt this Period: 50.00

B.

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

Mailing Address 54 Henderson Road

City State Zip Code
Glenmont NY 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 11 / 18 / 2010

Transaction ID: SA11AI.9685

Amount of Each Receipt this Period: 50.00

C.

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

Mailing Address 1 Vitucci Ct

City State Zip Code
Cohoes NY 12047

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 22 / 2010

Transaction ID: SA11AI.9686

Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 53
(check only one)

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

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

A.

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

Mailing Address 1 Vitucci Ct

City Cohoes State NY Zip Code 12047

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

Transaction ID: SA11AI.9687

Amount of Each Receipt this Period
 10.00

B.

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

Mailing Address 1 Vitucci Ct

City Cohoes State NY Zip Code 12047

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

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

Transaction ID: SA11AI.9688

Amount of Each Receipt this Period
 10.00

C.

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

Mailing Address 71 East Claremond Drive

City Voorheesville State NY Zip Code 12186

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

Name of Employer Occupation
MVP Director of Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

Transaction ID: SA11AI.9695

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional) ► 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
	Mailing Address 71 East Claremond Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Voorheesville	NY	12186
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9696
Name of Employer MVP		Occupation Director of Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
		<input type="text" value="350.00"/>	

B.	Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
	Mailing Address 71 East Claremond Drive		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Voorheesville	NY	12186
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9697
Name of Employer MVP		Occupation Director of Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="20.00"/>
		<input type="text" value="370.00"/>	

C.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Albany	NY	12205
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9698
Name of Employer MVP		Occupation Corp VP of Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="30.00"/>
		<input type="text" value="630.00"/>	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 53

(check only one)

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

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

A.

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

Mailing Address 3 Clare Castle

City State Zip Code
Albany NY 12205

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

Name of Employer Occupation
MVP Corp VP of Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11AI.9699

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 3 Clare Castle

City State Zip Code
Albany NY 12205

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

Name of Employer Occupation
MVP Corp VP of Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 690.00

Date of Receipt

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

Transaction ID: SA11AI.9700

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 285 Pinebrook Drive

City State Zip Code
Hyde Park NY 12538

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

Name of Employer Occupation
MVP Regional Sales Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: SA11AI.9701

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ▶

70.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Everret Patterson
Mailing Address 285 Pinebrook Drive
City Hyde Park State NY Zip Code 12538
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Regional Sales Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt 11 / 05 / 2010
Transaction ID: SA11AI.9702
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Everret Patterson
Mailing Address 285 Pinebrook Drive
City Hyde Park State NY Zip Code 12538
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Regional Sales Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.9703
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Donald Rahn
Mailing Address 931 Northumberland Dr.
City Niskayuna State NY Zip Code 12309
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.9719
Amount of Each Receipt this Period 20.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 931 Northumberland Dr.

City State Zip Code
Niskayuna NY 12309

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

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

Transaction ID: SA11AI.9720

Amount of Each Receipt this Period
20.00

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

Mailing Address 931 Northumberland Dr.

City State Zip Code
Niskayuna NY 12309

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
290.00

Date of Receipt

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

Transaction ID: SA11AI.9721

Amount of Each Receipt this Period
20.00

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

Mailing Address 215 Dunrovin Lane

City State Zip Code
Rochester NY 14618

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

Name of Employer Occupation
MVP HR Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: SA11AI.9731

Amount of Each Receipt this Period
10.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 53

(check only one)

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

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

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

A.

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

Mailing Address 215 Dunrovin Lane

City State Zip Code
Rochester NY 14618

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

Name of Employer Occupation
MVP HR Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

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

Transaction ID: SA11AI.9732

Amount of Each Receipt this Period

10.00

B.

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

Mailing Address 215 Dunrovin Lane

City State Zip Code
Rochester NY 14618

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

Name of Employer Occupation
MVP HR Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

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

Transaction ID: SA11AI.9733

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)
Ellen Runyon

Mailing Address 625 State Street

City State Zip Code
Schenectady NY 12047

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

Name of Employer Occupation
MVP VP of E Business

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt

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

Transaction ID: SA11AI.9737

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

40.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Ellen Runyon
Mailing Address 625 State Street
City Schenectady State NY Zip Code 12047
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP of E Business
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 440.00
Date of Receipt 11 / 04 / 2010
Transaction ID: SA11AI.9738
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Ellen Runyon
Mailing Address 625 State Street
City Schenectady State NY Zip Code 12047
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP of E Business
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 460.00
Date of Receipt 11 / 18 / 2010
Transaction ID: SA11AI.9739
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Thomas Ryan
Mailing Address 24 Bluestone Ridge
City Clifton Park State NY Zip Code 12065
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00
Date of Receipt 10 / 22 / 2010
Transaction ID: SA11AI.9740
Amount of Each Receipt this Period 30.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 53

(check only one)

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

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

A.

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

Mailing Address 24 Bluestone Ridge

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt

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

Transaction ID: SA11AI.9741

Amount of Each Receipt this Period

30.00

B.

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

Mailing Address 24 Bluestone Ridge

City State Zip Code
Clifton Park NY 12065

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
690.00

Date of Receipt

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

Transaction ID: SA11AI.9742

Amount of Each Receipt this Period

30.00

C.

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP VP Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
630.00

Date of Receipt

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

Transaction ID: SA11AI.9743

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 160 Fifth Avenue	Transaction ID: SA11AI.9744
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 660.00	

B.	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 160 Fifth Avenue	Transaction ID: SA11AI.9745
	City State Zip Code Saratoga Springs NY 12866	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 690.00	

C.	Full Name (Last, First, Middle Initial) Margaret Stevenson	Date of Receipt MM / DD / YYYY 10 / 22 / 2010
	Mailing Address 3968 Thrush Ln	Transaction ID: SA11AI.9761
	City State Zip Code Liverpool NY 13090	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 210.00	

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

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

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

FOR LINE NUMBER: PAGE 43 / 53
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Margaret Stevenson
Mailing Address 3968 Thrusn Ln
City Liverpool State NY Zip Code 13090
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00
Date of Receipt 11 / 05 / 2010
Transaction ID: SA11AI.9762
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Margaret Stevenson
Mailing Address 3968 Thrusn Ln
City Liverpool State NY Zip Code 13090
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt 11 / 19 / 2010
Transaction ID: SA11AI.9763
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
David Stitt
Mailing Address 684 Macelroy Road
City Ballston Spa State NY Zip Code 12019
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation Pharmacy Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 10 / 21 / 2010
Transaction ID: SA11AI.9764
Amount of Each Receipt this Period 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) David Stitt	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 684 Macelroy Road	Transaction ID: SA11AI.9765
	City State Zip Code Ballston Spa NY 12019	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Pharmacy Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 220.00	

B.	Full Name (Last, First, Middle Initial) David Stitt	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 684 Macelroy Road	Transaction ID: SA11AI.9766
	City State Zip Code Ballston Spa NY 12019	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Pharmacy Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 230.00	

C.	Full Name (Last, First, Middle Initial) Tracy Tadar-Ott	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 33 Everett Drive	Transaction ID: SA11AI.9767
	City State Zip Code Rochester NY 14624	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation VP, Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 750.00	

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 45 / 53
(check only one)

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

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

A.

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

Mailing Address 33 Everett Drive

City State Zip Code
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 790.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	1	0

Transaction ID: SA11AI.9768

Amount of Each Receipt this Period 40.00

B.

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

Mailing Address 33 Everett Drive

City State Zip Code
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

Date of Receipt

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

Transaction ID: SA11AI.9769

Amount of Each Receipt this Period 40.00

C.

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

Mailing Address 85 Pinehurst Place

City State Zip Code
Middletown CT 06457

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

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: SA11AI.9779

Amount of Each Receipt this Period 40.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Middletown	CT	06457
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9780
Name of Employer MVP		Occupation CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="790.00"/>	<input type="text" value="40.00"/>

B.	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Middletown	CT	06457
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9781
Name of Employer MVP		Occupation CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="830.00"/>	<input type="text" value="40.00"/>

C.	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
	Mailing Address 30 Wilton Court		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Clifton Park	NY	12065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.9782
Name of Employer MVP		Occupation Associate Counsel	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="630.00"/>	<input type="text" value="30.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="110.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt MM / DD / YYYY 11 / 04 / 2010
	Mailing Address 30 Wilton Court	Transaction ID: SA11AI.9784
	City State Zip Code Clifton Park NY 12065	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 660.00	

B.	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt MM / DD / YYYY 11 / 18 / 2010
	Mailing Address 30 Wilton Court	Transaction ID: SA11AI.9785
	City State Zip Code Clifton Park NY 12065	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Associate Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 690.00	

C.	Full Name (Last, First, Middle Initial) James Wall	Date of Receipt MM / DD / YYYY 10 / 21 / 2010
	Mailing Address 19 Stonegath Road	Transaction ID: SA11AI.9789
	City State Zip Code Ballston Lake NY 12019	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MVP Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 210.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 53
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) James Wall		Date of Receipt MM / DD / YYYY 11 / 04 / 2010
Mailing Address 19 Stonegath Road		Transaction ID: SA11AI.9790
City Ballston Lake	State NY	Zip Code 12019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer MVP	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

B.

Full Name (Last, First, Middle Initial) James Wall		Date of Receipt MM / DD / YYYY 11 / 18 / 2010
Mailing Address 19 Stonegath Road		Transaction ID: SA11AI.9791
City Ballston Lake	State NY	Zip Code 12019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer MVP	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

C.

Full Name (Last, First, Middle Initial) Tracey Welch		Date of Receipt MM / DD / YYYY 10 / 22 / 2010
Mailing Address 134 Thornberry Lane		Transaction ID: SA11AI.9798
City Rensselaer	State NY	Zip Code 12144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 53

(check only one)

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

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

A.

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

Mailing Address 134 Thornberry Lane

City State Zip Code
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt

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

Transaction ID: SA11AI.9799

Amount of Each Receipt this Period

20.00

B.

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

Mailing Address 134 Thornberry Lane

City State Zip Code
Rensselaer NY 12144

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

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

Transaction ID: SA11AI.9800

Amount of Each Receipt this Period

20.00

C.

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

Mailing Address 16 Oak Hill Drive

City State Zip Code
Loudon NH 03307

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
330.00

Date of Receipt

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

Transaction ID: SA11AI.9801

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Peter Whitehouse		Date of Receipt
Mailing Address 16 Oak Hill Drive		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
City	State	Zip Code
Loudon	NH	03307
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.9802
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Peter Whitehouse		Date of Receipt
Mailing Address 16 Oak Hill Drive		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
City	State	Zip Code
Loudon	NH	03307
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.9803
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="390.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="3841.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS	Transaction ID: SB23.9838 Date of Disbursement
	Mailing Address P.O. Box 8508	<input type="text" value="10"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Utica State NY Zip Code 13505	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name MICHAEL A. ARCURI	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS	Transaction ID: SB23.9843 Date of Disbursement
	Mailing Address PO Box 247	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Kinderhook State NY Zip Code 12106	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name CHRIS P GIBSON	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DOHENY FOR CONGRESS	Transaction ID: SB23.9840 Date of Disbursement
	Mailing Address 107 Court Street PO Box 257	<input type="text" value="10"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Watertown State NY Zip Code 13601	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name MATT DOHENY	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF DAN MAFFEI

Mailing Address PO Box 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement

Candidate Name
DANIEL B MR. MAFFEI

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.9836
Date of Disbursement

10 / 14 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

8000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

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

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

Outstanding Balance Beginning This Period <input type="text" value="145.00"/>		Transaction ID: SD10.4163	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="145.00"/>	

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

Outstanding Balance Beginning This Period <input type="text" value="338.00"/>		Transaction ID: SD10.4165	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="338.00"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="483.00"/>
2) TOTALS This Period (last page this line number only).....	<input type="text" value="483.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text" value="483.00"/>