

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

MVP Health Care Inc. Federal PAC

ADDRESS (number and street) 625 State Street

Check if different than previously reported. (ACC) Schenectady NY 12305

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00431429

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

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

Election on in the State of

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

Election on 11 04 2008 in the State of NY

5. Covering Period 10 16 2008 through 11 24 2008

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

Type or Print Name of Treasurer Mr. Frank Fanshawe

Signature of Treasurer Electronically Filed by Mr. Frank Fanshawe Date 01 15 2009

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

Table with 8 columns and 1 row, labeled 'Office Use Only' in the first column.

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		18579.84
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	19103.84									
(c) Total Receipts (from Line 19)	3871.00	22182.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22974.84	40761.84								
7. Total Disbursements (from Line 31)	5500.00	23287.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17474.84	17474.84								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	2960.00	14610.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	911.00	7572.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3871.00	22182.00
(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)	3871.00	22182.00
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))	3871.00	22182.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3871.00	22182.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	5500.00	23250.00
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	37.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5500.00	23287.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	23287.00

DETAILED SUMMARY PAGE
of Disbursements

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	3871.00	22182.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3871.00	22182.00
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 / 34
(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)
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 ▼ 360.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4918

Amount of Each Receipt this Period 30.00

Political Contribution

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 ▼ 390.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.4948

Amount of Each Receipt this Period 30.00

Political Contribution

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 ▼ 420.00

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

Transaction ID: SA11AI.4949

Amount of Each Receipt this Period 30.00

Political Contribution

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34
(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)
Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP & chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4893

Amount of Each Receipt this Period 40.00

Political Contribution

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

Mailing Address 708 Stephens Place

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP & chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt M M / D D / Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.4944

Amount of Each Receipt this Period 40.00

Political Contribution

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

Mailing Address 708 Stephens Place

City State Zip Code
Schenectady NY 12303

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP & chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

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

Transaction ID: SA11AI.4972

Amount of Each Receipt this Period 40.00

Political Contribution

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 8 / 34

(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)
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 ▼ 220.00

Date of Receipt MM / DD / YYYY
11 / 21 / 2008

Transaction ID: SA11AI.4969

Amount of Each Receipt this Period 20.00

Political Contribution

B.

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
Rochester NY 14618

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt MM / DD / YYYY
10 / 23 / 2008

Transaction ID: SA11AI.4892

Amount of Each Receipt this Period 30.00

Political Contribution

C.

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
Rochester NY 14618

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt MM / DD / YYYY
11 / 06 / 2008

Transaction ID: SA11AI.4943

Amount of Each Receipt this Period 30.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) 80.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 285 Willowcrest Drive

City State Zip Code
Rochester NY 14618

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt MM / DD / YYYY
11 / 21 / 2008

Transaction ID: SA11AI.5001

Amount of Each Receipt this Period 30.00

Political Contribution

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

Mailing Address 7723 Majestic Drive

City State Zip Code
Liverpool NY 13090

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation Regional Network Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt MM / DD / YYYY
10 / 23 / 2008

Transaction ID: SA11AI.4920

Amount of Each Receipt this Period 30.00

Political Contribution

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

Mailing Address 7723 Majestic Drive

City State Zip Code
Liverpool NY 13090

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation Regional Network Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt MM / DD / YYYY
11 / 06 / 2008

Transaction ID: SA11AI.4991

Amount of Each Receipt this Period 30.00

Political Contribution

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)
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FOR LINE NUMBER: PAGE 10 / 34
(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)
Patricia Deferio

Mailing Address 7723 Majestic Drive

City State Zip Code
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 21 / 2008
Transaction ID: SA11AI.4992
Amount of Each Receipt this Period: 30.00
Political Contribution

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 ▼ 330.00

Date of Receipt: 10 / 23 / 2008
Transaction ID: SA11AI.4906
Amount of Each Receipt this Period: 30.00
Political Contribution

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 ▼ 360.00

Date of Receipt: 11 / 06 / 2008
Transaction ID: SA11AI.4946
Amount of Each Receipt this Period: 30.00
Political Contribution

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 430 Ridgehill Road

City State Zip Code
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 11 / 21 / 2008
Transaction ID: SA11AI.4947
 Amount of Each Receipt this Period: 30.00
 Political Contribution

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

Mailing Address 500 Normanskill Place

City State Zip Code
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 10 / 23 / 2008
Transaction ID: SA11AI.4917
 Amount of Each Receipt this Period: 40.00
 Political Contribution

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

Mailing Address 500 Normanskill Place

City State Zip Code
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: 11 / 06 / 2008
Transaction ID: SA11AI.4970
 Amount of Each Receipt this Period: 40.00
 Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 34
	<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	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 500 Normanskill Place	Transaction ID: SA11AI.4971
	City State Zip Code Slingerlands NY 12159	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer MVP Occupation EVP Network Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 560.00	

B.	Full Name (Last, First, Middle Initial) Al Gatti	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 8 Wendy Lane	Transaction ID: SA11AI.4886
	City State Zip Code W. Hartford CT 06117	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer MVP Occupation Exec VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 480.00	

C.	Full Name (Last, First, Middle Initial) Al Gatti	Date of Receipt MM / DD / YYYY 11 / 06 / 2008
	Mailing Address 8 Wendy Lane	Transaction ID: SA11AI.4937
	City State Zip Code W. Hartford CT 06117	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Political Contribution
	Name of Employer MVP Occupation Exec VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 520.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 34
(check only one)

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

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

A.

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

Mailing Address 8 Wendy Lane

City State Zip Code
W. Hartford CT 06117

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

Name of Employer MVP Occupation Exec VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

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

Transaction ID: SA11AI.4997

Amount of Each Receipt this Period
40.00

Political Contribution

B.

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

Mailing Address 75 Robinwood Drive

City State Zip Code
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4888

Amount of Each Receipt this Period
20.00

Political Contribution

C.

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

Mailing Address 75 Robinwood Drive

City State Zip Code
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.4939

Amount of Each Receipt this Period
20.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► **80.00**

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

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

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FOR LINE NUMBER: PAGE 14 / 34
(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)
Bill Geddings
Mailing Address 75 Robinwood Drive
City Clifton Park State NY Zip Code 12065
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP Health Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 11 / 21 / 2008
Transaction ID: SA11AI.4964
Amount of Each Receipt this Period 20.00
Political Contribution

B. Full Name (Last, First, Middle Initial)
Patrick Glavey
Mailing Address 165 Windemere Road
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Medicare Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00
Date of Receipt 10 / 23 / 2008
Transaction ID: SA11AI.4921
Amount of Each Receipt this Period 60.00
Political Contribution

C. Full Name (Last, First, Middle Initial)
Patrick Glavey
Mailing Address 165 Windemere Road
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Medicare Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00
Date of Receipt 11 / 06 / 2008
Transaction ID: SA11AI.4956
Amount of Each Receipt this Period 60.00
Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 140.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 15 / 34
(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)
Patrick Glavey
Mailing Address 165 Windemere Road
City Rochester State NY Zip Code 14610
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation VP, Medicare Products
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00
Date of Receipt 11 / 21 / 2008
Transaction ID: SA11AI.4957
Amount of Each Receipt this Period 60.00
Political Contribution

B. Full Name (Last, First, Middle Initial)
Denise Gonick
Mailing Address 803 Via Marchella
City Schenectady State NY Zip Code 12303
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation EVP & Chief Legal Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00
Date of Receipt 10 / 23 / 2008
Transaction ID: SA11AI.4903
Amount of Each Receipt this Period 60.00
Political Contribution

C. Full Name (Last, First, Middle Initial)
Denise Gonick
Mailing Address 803 Via Marchella
City Schenectady State NY Zip Code 12303
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation EVP & Chief Legal Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00
Date of Receipt 11 / 06 / 2008
Transaction ID: SA11AI.4954
Amount of Each Receipt this Period 60.00
Political Contribution

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 16 / 34
(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)
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 ▼ 840.00

Date of Receipt MM / DD / YYYY
11 / 21 / 2008

Transaction ID: SA11AI.4955

Amount of Each Receipt this Period 60.00

Political Contribution

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

Mailing Address 144 Berry Road

City State Zip Code
Loudon NH 03307

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

Name of Employer MVP Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt MM / DD / YYYY
10 / 23 / 2008

Transaction ID: SA11AI.4895

Amount of Each Receipt this Period 80.00

Political Contribution

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

Mailing Address 144 Berry Road

City State Zip Code
Loudon NH 03307

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

Name of Employer MVP Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt MM / DD / YYYY
11 / 06 / 2008

Transaction ID: SA11AI.5003

Amount of Each Receipt this Period 80.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 220.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 34
(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)
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 ▼ 1120.00
Date of Receipt 11 / 21 / 2008
Transaction ID: SA11AI.5004
Amount of Each Receipt this Period 80.00
Political Contribution

B. Full Name (Last, First, Middle Initial)
David Henderson
Mailing Address 1 Loudon Heights
City Loudonville State NY Zip Code 12211
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation EVP, Sales and Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 720.00
Date of Receipt 10 / 23 / 2008
Transaction ID: SA11AI.4900
Amount of Each Receipt this Period 60.00
Political Contribution

C. Full Name (Last, First, Middle Initial)
David Henderson
Mailing Address 1 Loudon Heights
City Loudonville State NY Zip Code 12211
FEC ID number of contributing federal political committee. **C**
Name of Employer MVP Occupation EVP, Sales and Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00
Date of Receipt 11 / 06 / 2008
Transaction ID: SA11AI.4983
Amount of Each Receipt this Period 60.00
Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 200.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 34

(check only one)

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

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

A.

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 840.00

Date of Receipt

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

Transaction ID: SA11AI.4984

Amount of Each Receipt this Period

60.00

Political Contribution

B.

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

Mailing Address 237 Jacobs Road

City Macedon State NY Zip Code 14502

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

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

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4914

Amount of Each Receipt this Period

30.00

Political Contribution

C.

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

Mailing Address 237 Jacobs Road

City Macedon State NY Zip Code 14502

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

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

Transaction ID: SA11AI.4950

Amount of Each Receipt this Period

30.00

Political Contribution

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 19 / 34
(check only one)

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

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

A.

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

Mailing Address 237 Jacobs Road

City State Zip Code
Macedon NY 14502

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

Transaction ID: SA11AI.4951

Amount of Each Receipt this Period
30.00

Political Contribution

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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4913

Amount of Each Receipt this Period
30.00

Political Contribution

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 ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.5021

Amount of Each Receipt this Period
30.00

Political Contribution

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 / 34
(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)
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 ▼ 420.00

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

Transaction ID: SA11AI.5022

Amount of Each Receipt this Period
30.00

Political Contribution

B.

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

Mailing Address 11 White Briar

City State Zip Code
Pittsford NY 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4904

Amount of Each Receipt this Period
30.00

Political Contribution

C.

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

Mailing Address 11 White Briar

City State Zip Code
Pittsford NY 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.4995

Amount of Each Receipt this Period
30.00

Political Contribution

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 21 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dennis Kant		Date of Receipt
	Mailing Address 11 White Briar		<input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Pittsford	NY	14534
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation VP Finance	Transaction ID: SA11AI.4996
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="420.00"/>	<input type="text" value="30.00"/>
Political Contribution			

B.	Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Highland Mills	NY	10930
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation VP of Mid-Hudson Region	Transaction ID: SA11AI.4910
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="360.00"/>	<input type="text" value="30.00"/>
Political Contribution			

C.	Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Highland Mills	NY	10930
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation VP of Mid-Hudson Region	Transaction ID: SA11AI.4962
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="390.00"/>	<input type="text" value="30.00"/>
Political Contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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: PAGE 22 / 34
(check only one)

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

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

A.

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

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 21 / 2008
Transaction ID: SA11AI.4963
 Amount of Each Receipt this Period: 30.00
 Political Contribution

B.

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 10 / 23 / 2008
Transaction ID: SA11AI.4916
 Amount of Each Receipt this Period: 30.00
 Political Contribution

C.

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

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 11 / 06 / 2008
Transaction ID: SA11AI.5025
 Amount of Each Receipt this Period: 30.00
 Political Contribution

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 23 / 34
(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)
Leonard Lindenmuth

Mailing Address 33 Oak Street

City Binghamton State NY Zip Code 13905

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

Name of Employer MVP Occupation VP Southern

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 11 / 21 / 2008
Transaction ID: SA11AI.5026
 Amount of Each Receipt this Period: 30.00
 Political Contribution

B.

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 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 ▼ 360.00

Date of Receipt: 10 / 23 / 2008
Transaction ID: SA11AI.4924
 Amount of Each Receipt this Period: 30.00
 Political Contribution

C.

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

Mailing Address 300 Partridge Lane

City Charlotte State VT Zip Code 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 ▼ 390.00

Date of Receipt: 11 / 06 / 2008
Transaction ID: SA11AI.4952
 Amount of Each Receipt this Period: 30.00
 Political Contribution

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 / 34

(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)
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 Occupation
MVP Service Corp. VP Vermont

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

Date of Receipt

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

Transaction ID: SA11AI.4953

Amount of Each Receipt this Period

30.00

Political Contribution

B.

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

Mailing Address 19 Crimson Way

City State Zip Code
Webster NY 14580

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

Name of Employer Occupation
MVP VP, Underwriting and Analysis

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4891

Amount of Each Receipt this Period

40.00

Political Contribution

C.

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

Mailing Address 19 Crimson Way

City State Zip Code
Webster NY 14580

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

Name of Employer Occupation
MVP VP, Underwriting and Analysis

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt

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

Transaction ID: SA11AI.4942

Amount of Each Receipt this Period

40.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) ►

110.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 34
(check only one)

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

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

A.

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

Mailing Address 19 Crimson Way

City State Zip Code
Webster NY 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

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

Transaction ID: SA11AI.4990

Amount of Each Receipt this Period 40.00

Political Contribution

B.

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

Mailing Address 21 Joellen Drive

City State Zip Code
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4915

Amount of Each Receipt this Period 40.00

Political Contribution

C.

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

Mailing Address 21 Joellen Drive

City State Zip Code
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.5023

Amount of Each Receipt this Period 40.00

Political Contribution

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 34
(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)
Laurie Metheny
 Mailing Address 21 Joellen Drive
 City State Zip Code
 Rochester NY 14626
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 1 / 2 0 0 8
Transaction ID: SA11AI.5024
 Amount of Each Receipt this Period
 40.00
 Political Contribution
 Name of Employer Occupation
 MVP VP, Business Excellence
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 560.00

B. Full Name (Last, First, Middle Initial)
James Morrill
 Mailing Address 54 Henderson Road
 City State Zip Code
 Glenmont NY 12077
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 8
Transaction ID: SA11AI.4909
 Amount of Each Receipt this Period
 50.00
 Political Contribution
 Name of Employer Occupation
 MVP EVP, HR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

C. Full Name (Last, First, Middle Initial)
James Morrill
 Mailing Address 54 Henderson Road
 City State Zip Code
 Glenmont NY 12077
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 8
Transaction ID: SA11AI.4977
 Amount of Each Receipt this Period
 50.00
 Political Contribution
 Name of Employer Occupation
 MVP EVP, HR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

SUBTOTAL of Receipts This Page (optional) ► 140.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 34
(check only one)

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

A.

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

Mailing Address 54 Henderson Road

City State Zip Code
Glenmont NY 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

Transaction ID: SA11AI.4978

Amount of Each Receipt this Period
50.00

Political Contribution

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 MVP Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4901

Amount of Each Receipt this Period
30.00

Political Contribution

C.

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

Mailing Address 3 Clare Castle

City State Zip Code
Albany NY 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.5009

Amount of Each Receipt this Period
30.00

Political Contribution

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 28 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 21 / 2008

Transaction ID: SA11AI.5010

Amount of Each Receipt this Period 30.00

Political Contribution

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

Mailing Address 213 Hansen Avenue

City Albany State NY Zip Code 12208

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

Name of Employer MVP Occupation VP of Legal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 10 / 23 / 2008

Transaction ID: SA11AI.4902

Amount of Each Receipt this Period 30.00

Political Contribution

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

Mailing Address 213 Hansen Avenue

City Albany State NY Zip Code 12208

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

Name of Employer MVP Occupation VP of Legal Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 11 / 06 / 2008

Transaction ID: SA11AI.4958

Amount of Each Receipt this Period 30.00

Political Contribution

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 / 34

(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 Ryman

Mailing Address 213 Hansen Avenue

City State Zip Code
Albany NY 12208

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

Name of Employer Occupation
MVP VP of Legal Affairs

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

Date of Receipt

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

Transaction ID: SA11AI.4959

Amount of Each Receipt this Period

30.00

Political Contribution

B.

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP VP Sales

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4898

Amount of Each Receipt this Period

30.00

Political Contribution

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 ▼ 390.00

Date of Receipt

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

Transaction ID: SA11AI.5007

Amount of Each Receipt this Period

30.00

Political Contribution

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 34

(check only one)

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

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

A.

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

Mailing Address 160 Fifth Avenue

City State Zip Code
Saratoga Springs NY 12866

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

Name of Employer Occupation
MVP VP Sales

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

Date of Receipt

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

Transaction ID: SA11AI.5008

Amount of Each Receipt this Period

30.00

Political Contribution

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 Occupation
MVP VP, Sales

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.4923

Amount of Each Receipt this Period

30.00

Political Contribution

C.

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

Mailing Address 33 Everett Drive

City State Zip Code
Rochester NY 14624

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

Name of Employer Occupation
MVP VP, Sales

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 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.4960

Amount of Each Receipt this Period

30.00

Political Contribution

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 31 / 34
(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 ▼ 420.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: SA11AI.4961

Amount of Each Receipt this Period 30.00

Political Contribution

B.

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

Mailing Address 85 Pinehurst Place

City State Zip Code
Middletown CT 06457

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

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2008

Transaction ID: SA11AI.4911

Amount of Each Receipt this Period 30.00

Political Contribution

C.

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

Mailing Address 85 Pinehurst Place

City State Zip Code
Middletown CT 06457

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

Name of Employer MVP Occupation CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2008

Transaction ID: SA11AI.5017

Amount of Each Receipt this Period 30.00

Political Contribution

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 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John 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 Occupation
MVP CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

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

Transaction ID: SA11AI.5018

Amount of Each Receipt this Period
30.00

Political Contribution

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	2960.00

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

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

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

A.

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

Mailing Address PO BOX 500

City RYE State NH Zip Code 03870

Purpose of Disbursement
Political Contribution

Candidate Name
MVP Health Care Inc. Federal PAC

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4877
Date of Disbursement

10 / 24 / 2008

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)
PAUL DAVID TONKO

Mailing Address 137 PRINCETON STREET

City AMSTERDAM State NY Zip Code 12010

Purpose of Disbursement
Political Contribution

Candidate Name
MVP Health Care Inc. Federal PAC

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4876
Date of Disbursement

10 / 16 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
PETER WELCH

Mailing Address 346 TOWN FARM HILL ROAD

City HARTLAND State VT Zip Code 05048

Purpose of Disbursement
Political Contribution

Candidate Name
MVP Health Care Inc. Federal PAC

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4879
Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

5500.00

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"/>