FEC FORM 3X	AN	ID DISE	OF REC BURSEN An Authoriz	IENTS	ee		Office Use Only	
1. NAME OF COMMITTEE (in fu		FEC MAILING		xample:If typing ver the lines	, type			
MVP Health Care I	nc. Federal PA							
ADDRESS (number and	street)	25 State Street						
Check if differ than previousl reported. (ACC	/	chenectady			· · · · · ·		12305 	
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋		S	STATE	ZIPCOD	DE 🔺
C00431429			3. IS THIS REPOF		NEW N) OR	AN (A)	IENDED	
X July 15 Quarterly October Quarterly January 3 Quarterly July 31 M Report(N Year Onl	orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) lid-Year on-election	(b) Monthly Report Due On: (c) 12-Day PRE -EI Report (d) 30-Day Post -I Report	Election for the: Election on	3)	12C)	Sep	2S) in the State of	Special (30S)
 Covering Period I certify that I have exam Type or Print Name of T 	•			through e and belief it is	0 6 true, correct a	3 0 and complete.	2010	
Signature of Treasurer	Electronically	y Filed by Mr.	Frank Fanshawe	9	Da	ate 07	15	2010
NOTE : Submission of t	alse, erroneous	s, or incomplete i	nformation may	subject the pers	on signing this	Report to the	penalties of 2 U.S	.C 437g.
Office Use Only							FEC FORI (Rev. 12/200	

Image# 10990870552

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name MVP Health Care Inc. Federal PAC ММ D YW ММ D D D Υ 04 01 2010 06 30 2010 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 6. 20¹0¹ 36700.84 January 1 (b) Cash on Hand at 34410.84 Begining of Reporting Period 15412.00 23627.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 49822.84 60327.84 6(a) and 6(c) for Column B) 6007.50 16512.50 Total Disbursements (from Line 31) 7. Cash on Hand at Close of 8. **Reporting Period** 43815.34 43815.34 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed BY the committee (Itemize all on 483.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

FE6AN026

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)		OF RECEIPTS	3 / 62
	Type Committee Name P Health Care Inc. Federal PAC		
Report (Covering the Period: From:	1 01 2010	To: 0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ibutions (other than loans) From: ndividuals/Persons Other		
	Than Political Committees i) Itemized (use Schedule A)	11730.00	12890.00
(ii) Unitemized	3682.00	10737.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	15412.00	23627.00
(b) I	Political Party Committees	0.00	0.00
(Dther Political Committees such as PACs) Fotal Contributions (add Lines	0.00	0.00
•	11(a)(iii),(b) and (c)) (Carry Fotals to Line 33, page 5) >	15412.00	23627.00
	fers From Affiliated/Other Committees	0.00	0.00
13. All Lo	ans Received	0.00	0.00
14. Loan 15. Offse	Repayments Received ts To Operating Expenditures	0.00	0.00
(Carr	nds, Rebates, etc.) y Totals to Line 37, page 5) nds of Contributions Made	0.00	0.00
to Fee	deral candidates and Other cal Committees	0.00	0.00
	Federal Receipts lends, Interest, etc.)	0.00	0.00
	fers from Non-Federal and Levin Funds		
()	on-Federal Account from Schedule H3)	0.00	0.00
(b) Le	evin Funds (from Schedule H5)	0.00	0.00
(c) Tc	tal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	15412.00	23627.00
	Federal Receipts act Line 18(c) from Line 19)	15412.00	23627.00

Image# 10990870554

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)		4 / 62
	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
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	6000.00	16500.00
	Independent Expenditure	0.00	0.00
5.	(use Schedule E) 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
	Loans Made Refunds of Contributions To:	0.00	0.00
	(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
		7.50	12.50
	Other Disbursements	7.50	12.50
80.	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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,	6007.50	16512.50
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0007.00	10312.30
32.	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	6007.50	16512.50

FE6AN026

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DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) of Disbursements

5 / 62

	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)	15412.00	23627.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	15412.00	23627.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 62 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and a or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Karla Austen		Date of Receipt
	Mailing Address 157 Old Hyde Road		05 / 14 / Y Y Y Y 005 / 14
	City	State Zip Code	Transaction ID: SA11AI.8437
	Weston	CT 06883	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer MVP Health Care	Occupation VP	Individual Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) Image: Constraint of the second seco	1000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.7863
	Scotia	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) The second seco	210.00	
C.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		M M / D D / Y Y Y Y 0 4 22 2010
	City	State Zip Code	Transaction ID: SA11AI.7864
	<u>Scotia</u>	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional) .		1060.00
	TOTAL This Period (last page this line numbe		

ſ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 62 (check only one) X X 11a 11b 11c 13 14 15 16 17
	Any information copied from such Reports and i or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive		Date of Receipt 0 5 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7865
	<u>Scotia</u>	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	270.00	
- В.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi	•	Date of Receipt
	Mailing Address 6 Doris Drive		05 20 Y Y Y Y 05 20 2010
	City	State Zip Code	Transaction ID: SA11AI.7866
	<u>Scotia</u>	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
- C.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		M M / D D / Y Y Y Y 06 03 2010
	City	State Zip Code	Transaction ID: SA11AI.7867
	Scotia	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Γ	SURTOTAL of Receipts This Page (optional)	·····	90.00

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 62 (check only one)
I	TEMIZED RECEIPTS		for each category of the	
•			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Γ	Any information copied from such Reports and	Statements ma	v not be sold or used by any pers	
	or for commercial purposes, other than using th	e name and ad	dress of any political committee t	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	> MVP Health Care Inc. Federal PAC			
	/			
	Full Name (Last, First, Middle Initial)			
•	Ms. Mary Bianchi			Date of Receipt
	Mailing Address 6 Doris Drive			06 17 Y Y Y Y 006 17 2010
	City	State	Zip Code	Transaction ID: SA11AI.7868
	Scotia	NY	12302	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer MVP Service Corp	Occupatio		
	Receipt For:	VP, Sale	·	
	Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		360.00	
		0.0		
_	Full Name (Last, First, Middle Initial)			
	Charles Bloss			Date of Receipt
	Mailing Address 708 Stephens Place			
	0.1	01-11-	7 ' 0 1-	04 08 2010
	City	State	Zip Code	Transaction ID: SA11AI.7875
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	rederal political committee.			
	Name of Employer MVP	Occupatio	n	
	MVP	VP & chi	ef Actuary	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		280.00	
	Other (specify)	0 0		
_	Full Name (Last, First, Middle Initial)			
	Charles Bloss			Date of Receipt
	Mailing Address 708 Stephens Place			M M / D D / Y Y Y
	· · · · · · · · · · · · · · · · · · ·			04 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.7876
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing	С		40.00
	federal political committee.			
	Name of Employer MVP	Occupatio	n	
	MVP	VP & chi	ef Actuary	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		320.00	
	Other (specify)			
Г				
				110.00
L	SUBTOTAL of Receipts This Page (optional) .			
	TOTAL This Period (last page this line number	r only)		
	I SIME THIS I GIVE (IASL PAYE THIS III E HUITIDE	· ····y) ······		r

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $9 / 62$ (check only one)Image: Check only one)Image: X mark11bImage: A mark11bImag
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.7878
	Schenectady FEC ID number of contributing	NY 12303	Amount of Each Receipt this Period 40.00
	federal political committee.		
	Name of Employer MVP	Occupation VP & chief Actuary	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify)	360.00	
B.	Full Name (Last, First, Middle Initial) Charles Bloss	l	Date of Receipt
	Mailing Address 708 Stephens Place		05 20 Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.7879
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP & chief Actuary	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	400.00]
C.	Full Name (Last, First, Middle Initial) Charles Bloss	1	Date of Receipt
	Mailing Address 708 Stephens Place		M M / D D / Y Y Y Y 06 03 2010
	City	State Zip Code	Transaction ID: SA11AI.7880
	Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP & chief Actuary	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00]
[1	120.00

[SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 10 / 62 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions 10 10 10
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and address of any political committee t	to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		0 6 / 1 7 / Y Y Y Y 0 0 1 7
	City	State Zip Code	Transaction ID: SA11AI.7881
	Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP & chief Actuary	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
- В.	Full Name (Last, First, Middle Initial) Ms. Linda Borges Mailing Address 627 Salvia Lane		Date of Receipt
			05 24 2010
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.8452
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer MVP Service Corp	Occupation Director of Compliance	Individual Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
- C.	Full Name (Last, First, Middle Initial) Ms. Teresa Briggs		Date of Receipt
	Mailing Address 710 Western Ave		0 6 2 1 Y Y Y Y 0 6 2 1 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7885
	Albany FEC ID number of contributing federal political committee.	NY 12203	Amount of Each Receipt this Period 300.00
	Name of Employer MVP	Occupation Medical Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
ſ	SUBTOTAL of Receipts This Page (optional) .	•	590.00

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SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/62
	for each category of the	(check only one)
II EIVIIZED RECEIPIS	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any person the name and address of any political committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 9 Wembly Court		0 6 0 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.7891
Delmar	NY 12054	Amount of Each Receipt this Period
		Amount of Each receipt this r chou
FEC ID number of contributing federal political committee.		20.00
Name of Employer MVP	Occupation Administrative	
Receipt For:	Aggregate Year-to-Date V	1
Primary General		
Other (specify)	220.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		0 6 1 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.7892
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		20.00
Name of Employer MVP	Occupation	
	Administrative	
Receipt For:	Aggregate Year-to-Date	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Ms Lisa A. Brubaker		Date of Receipt
Mailing Address 9 Mile Post Lane		
Maning Address 9 Mile FOSt Larie		05 14 2010
City	State Zip Code	Transaction ID: SA11AI.8451
Pittsford	NY 14534	Amount of Each Receipt this Period
		Amount of Lach Necelpt this Fellou
FEC ID number of contributing federal political committee.		1500.00
Name of Employer MVP Service Corp	Occupation EVP Rochester/Government Programs	Individual Contribution
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1500.00	
SUBTOTAL of Receipts This Page (optional)	••••••	1540.00
TOTAL This Period (last page this line number	er only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/62 (check only one) 11a X 11a 13 14 15 16
	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any pers a name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) WVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		0 4 0 8 Y Y Y Y 0 4 0 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7893
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	210.00	
	Full Name (Last, First, Middle Initial) Carl Cameron	1	Date of Receipt
	Mailing Address 285 Willowcrest Drive		04 / D D / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.7894
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		0 5 / 0 6 / Y Y Y Y 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7895
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	
Γ	SUBTOTAL of Receipts This Page (optional)		90.00

S			
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/62
ΙТ	EMIZED RECEIPTS	for each category of the	(check only one)
••		Detailed Summary Page	
			13 14 15 16 1
An	y information copied from such Reports and	Statements may not be sold or used by any perse e name and address of any political committee	son for the purpose of soliciting contributions
		e name and address of any political committee	
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
•	Mailing Address 285 Willowcrest Drive	05 20 2010	
	City	State Zip Code	Transaction ID: SA11AI.7896
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify)	300.00	
. —	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive	9	
	City	State Zip Code	Transaction ID: SA11AI.7897
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	30.00
	Name of Employer MVP	Occupation	
	MVP	VP Medical Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	220.00	
	Other (specify)	330.00	
	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive)	0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7898
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	360.00	
			90.00

50			FOR LINE NUMBER: PAGE 14/62
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Page	
An or	y information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Jennifer Cenzano		Date of Receipt
	Mailing Address 1177 North Rd.		M M / D D / Y Y Y Y 05 14 2010
	City	State Zip Code	Transaction ID: SA11AI.8443
	W Glenville	NY 12010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	-
	MVP Health Care	Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
			1
	Full Name (Last, First, Middle Initial) Mr. Thomas J. Combs		Date of Receipt
•	Mailing Address 1620 Scribner Road		05 14 2010
	City	State Zip Code	Transaction ID: SA11AI.8449
	Penfield	NY 14526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1050.00
	Name of Employer	Occupation	 Individual Contribution
	MVP Service Corp.	Sr. Management	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1050.00]
	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
•	Mailing Address 7723 Majestic Drive		M M / D D / Y Y Y Y
			04 08 2010
	City Liverpool	State Zip Code NY 13090	Transaction ID: SA11AI.7924 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	210.00	1
	Other (specify)		1
		L	1330.00

ITEMIZED	E A (FEC Form 3X) RECEIPTS	Statemente	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 62 (check only one) X X 11a 13 14 15 16 17
or for commercia	Copied from such Reports and s al purposes, other than using the OMMITTEE (In Full)	e name and ad	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	h Care Inc. Federal PAC			
A. Patricia Deferi				Date of Receipt
Mailing Addre	ess 7723 Majestic Drive			0 4 / 2 2 / Y Y Y Y 2 0 1 0
City		State	Zip Code	Transaction ID: SA11AI.7925
Liverpool		NY	13090	Amount of Each Receipt this Period
federal politic		C		30.00
Name of Emp MVP	bloyer	Occupatio Regional	n Network Director	
Receipt For:		1	e Year-to-Date 🔻	
Other (:	y General specify) ▼		240.00	
Full Name (La Patricia Deferi	ast, First, Middle Initial) o	1		Date of Receipt
Mailing Addre	ess 7723 Majestic Drive			M M / D D / Y
City		State	Zip Code	Transaction ID: SA11AI.7927
Liverpool		NY	13090	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		30.00
Name of Emp MVP	bloyer	Occupatio Regional	n Network Director	
Receipt For:		Aggregate	e Year-to-Date 🔻	
Other (s	y General specify) ▼	0 0	270.00	
Full Name (La Patricia Deferi	ast, First, Middle Initial) o			Date of Receipt
Mailing Addre	ess 7723 Majestic Drive			05 / 20 / Y Y Y Y 2010
City		State	Zip Code	Transaction ID: SA11AI.7928
Liverpool		NY	13090	Amount of Each Receipt this Period
FEC ID numb federal politic	per of contributing al committee.	C		40.00
Name of Emp MVP	bloyer	Occupatio Regional	ⁿ Network Director	
Receipt For: Primary Other (s	General General (General (Gen	Aggregate	e Year-to-Date ▼ 310.00	
SUBTOTAL of	Receipts This Page (optional) .			100.00
	eriod (last page this line number			

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 62 (check only one)
П	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any persent and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
<u>لا</u> ۱.	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive		M · M / D · D / Y · Y · Y · Y 0 6 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7929
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	350.00	
. —	Full Name (Last, First, Middle Initial) Patricia Deferio	1	Date of Receipt
	Mailing Address 7723 Majestic Drive		0 6 / D D / Y Y Y Y 0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7930
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
_	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
•	Mailing Address 430 Ridgehill Road		0 4 0 8 2 0 1 0
	City	State Zip Code NY 12303	Transaction ID: SA11AI.7938
	Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation Treasurer	—
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)	1	. 110.00

				FOR LINE NUMBER: PAGE 17/62
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
_			Botaliou Guininary Pago	
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any p dress of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	MVP Health Care Inc. Federal PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			M M / D D / Y Y Y Y 04 22 2010
	City	State	Zip Code	Transaction ID: SA11AI.7939
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio Treasure		
	Receipt For:		e Year-to-Date 🔻	
	Primary General	Ayyreyall		
	Other (specify)	0 0	240.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe	•		Date of Receipt
	Mailing Address 430 Ridgehill Road			05 / D D / Y Y Y Y 06 / 2010
	City	State	Zip Code	Transaction ID: SA11AI.7940
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio Treasure		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	270.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
0.	Mailing Address 430 Ridgehill Road			05 20 2010
	City	State	Zip Code	Transaction ID: SA11AI.7941
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio Treasure		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00	· .
Γ				
	SUBTOTAL of Receipts This Page (optional) .			▶ 90.00
F				
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 18/62
	· · ·	Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Г		, ,	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
	Mailing Address 430 Ridgehill Road		0 6 / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.7942
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation Treasurer	_
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	340.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
	Mailing Address 430 Ridgehill Road		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.7943
	<u>Schenectady</u>	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation Treasurer	_
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General	380.00	
	Other (specify)		
с.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.7962
	Slingerlands	NY 12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	280.00	
	SUBTOTAL of Receipts This Page (optional)	·····	120.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 62 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person og the name and address of any political committee to s	olicit contributions from such committee.
MVP Health Care Inc. Federal PA	С	
Full Name (Last, First, Middle Initial) A. Mark Fish		Date of Receipt
Mailing Address 500 Normanskill F	Place	0 4 / 2 2 / Y Y Y Y 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.7963
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation EVP Network Management	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) B. Mark Fish		Date of Receipt
Mailing Address 500 Normanskill F	Place	0 5 / D D / Y Y Y Y 0 6 / 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.7964
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation EVP Network Management]
Receipt For:	Aggregate Year-to-Date V	
Primary General Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill F	Place	0 5 / 2 0 / Y Y Y Y Y 0 5 / 2 0 / 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.7965
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP Network Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
SUBTOTAL of Receipts This Page (option	nal)	140.00
	mber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any pers	FOR LINE NUMBER: PAGE 20 / 62 (check only one) 11a 11b 11c 12 13 14 15 16 17 con for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and address of any political committee to	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place	<u>م</u>	Date of Receipt
		-	06 03 2010
	City <u>Slingerlands</u>	State Zip Code NY 12159	Transaction ID: SA11AI.7966 Amount of Each Receipt this Period
	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	
- В.	Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place	e	Date of Receipt
		-	06 17 2010
	City <u>Slingerlands</u>	State Zip Code NY 12159	Transaction ID: SA11AI.7967
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
- C.	Full Name (Last, First, Middle Initial) Al Gatti	1	Date of Receipt
	Mailing Address 8 Wendy Lane		M M / D D / Y Y Y Y 04 08 2010
	City	State Zip Code	Transaction ID: SA11AI.7993
	W. Hartford	CT 06117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 280.00	
	SUBTOTAL of Receipts This Page (optional) .	•	160.00

50	CHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 21 / 62
			Use separate schedule(s for each category of the	s)	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	•	X 11a 11b 11c 12
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any dress of any political commit	person f ttee to so	13 14 15 16 17 for the purpose of soliciting contributions licit contributions from such committee.
	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				M M / D D Y
	City	State	Zip Code		Transaction ID: SA11AI.7994
	W. Hartford	СТ	06117		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			40.00
	Name of Employer MVP	Occupatio Exec VP	n		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General		320.00	2	
	Other (specify) 🔻	0 0		0	
В.	Full Name (Last, First, Middle Initial) Al Gatti				Date of Receipt
	Mailing Address 8 Wendy Lane				05 / D D / Y Y Y Y 06 / 2010
	City	State	Zip Code		Transaction ID: SA11AI.7995
	W. Hartford	СТ	06117		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			40.00
	Name of Employer MVP	Occupatio Exec VP	n		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	360.00)	
 C.	Full Name (Last, First, Middle Initial) Al Gatti				Date of Receipt
-	Mailing Address 8 Wendy Lane				05 20 2010
	City	State	Zip Code		Transaction ID: SA11AI.7996
	W. Hartford	СТ	06117		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			40.00
	Name of Employer MVP	Occupatio Exec VP	n		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	 Primary General Other (specify) ▼ 	0 0	400.00	0	
s	JBTOTAL of Receipts This Page (optional)			•	120.00
	DTAL This Period (last page this line number o			•	

c	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 22/62
	· · ·	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
_			13 14 15 16 17
A C	or for commercial purposes, other than using th	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	> MVP Health Care Inc. Federal PAC		
д .	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		M · M / D · D Y Y · Y · Y Y Y · Y Y
	City	State Zip Code	Transaction ID: SA11AI.7997
	W. Hartford	CT 06117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer MVP	Occupation Exec VP	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify)	445.00	
	Full Name (Last, First, Middle Initial) Al Gatti	·	Date of Receipt
	Mailing Address 8 Wendy Lane		06 / 17 / Y Y Y Y 2010
	City	State Zip Code	Transaction ID: SA11AI.7998
	W. Hartford	CT 06117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	45.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	490.00]
	Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
-	Mailing Address 75 Robinwood Drive		0 6 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8009
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation VP Health Services	
	Receipt For:	Aggregate Year-to-Date V	-1
	Primary General		
	Other (specify) ▼	220.00	
Г		1	

0	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 23 / 62
17	· · · ·	Use separate schedule(s) for each category of the	(check only one)
	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Ar	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not be sold or used by any pers ne name and address of any political committee	13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee.
∇	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
<i>،</i>	Full Name (Last, First, Middle Initial) Bill Geddings	Date of Receipt	
	Mailing Address 75 Robinwood Drive		M M M / D D / Y Y Y Y Y 06 17 2010
	City	State Zip Code	Transaction ID: SA11AI.8010
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation VP Health Services	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	240.00	
	Other (specify)		
3.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road	d	M · M / D · D / Y · Y · Y · Y Y
	City	State Zip Code	Transaction ID: SA11AI.8018
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	420.00	
 ;.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road	d	0 4 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8019
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	
			140.00

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 62 (check only one)
Π	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
A or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any perse a name and address of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
. Z	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		0 5 / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8020
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	540.00	
	Full Name (Last, First, Middle Initial) Patrick Glavey	I	Date of Receipt
	Mailing Address 165 Windemere Road		0 5 / 2 0 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.8021
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) Image: Contract of the second	620.00	
	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		0 6 / Y Y Y Y Y 0 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8022
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
		 	220.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for o Det	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 25 / 62 (check only one) 11a X 11a 11b 13 14 15 16 17
N	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be e name and address o	e sold or used by any perso f any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
A.	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
	Mailing Address 165 Windemere Road	0 6 / D D / Y Y Y Y 0 2 0 1 0		
	City		p Code	Transaction ID: SA11AI.8023
	Rochester	<u>NY</u> 1-	4610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer MVP	Occupation VP, Medicare F	Products	
	Receipt For:	Aggregate Year-t	o-Date 🔻	
	 Primary General Other (specify) ▼ 		780.00	
- B.	Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt
	Mailing Address 803 Via Marchella	M M / D D / Y		
	City		p Code	Transaction ID: SA11AI.8030
	Schenectady	<u>NY</u> 12	2303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	Occupation EVP & Chief Le	egal Officer	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-t	o-Date ▼ 420.00]
- C.	Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt
	Mailing Address 803 Via Marchella			M M / D D / Y Y Y Y 0 4 22 2010
	City Schenectady		p Code 2303	Transaction ID: SA11AI.8031 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			60.00
	Name of Employer MVP	Occupation EVP & Chief Le	egal Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 480.00]
ſ	SUBTOTAL of Receipts This Page (optional)			200.00
-	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 62 (check only one)		
Γ	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
۷ A.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt		
	Mailing Address 803 Via Marchella	05 / D D / Y Y Y Y 06 / 2010			
	City	State Zip Code	Transaction ID: SA11AI.8032		
	Schenectady	NY 12303	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	60.00		
	Name of Employer MVP	Occupation EVP & Chief Legal Officer			
	Receipt For:	Receipt For: Aggregate Year-to-Date ▼			
	Primary General Other (specify) ▼	540.00			
- В.	Full Name (Last, First, Middle Initial) Denise Gonick	1	Date of Receipt		
	Mailing Address 803 Via Marchella		05 / 20 / Y Y Y Y 20 2010		
	City	State Zip Code	Transaction ID: SA11AI.8033		
	Schenectady	NY 12303	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	60.00		
	Name of Employer MVP	Occupation EVP & Chief Legal Officer			
	Receipt For:	Aggregate Year-to-Date V			
	Primary General Other (specify) ▼	600.00			
- C.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt		
	Mailing Address 803 Via Marchella		0 6 / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 1 0		
	City	State Zip Code	Transaction ID: SA11AI.8034		
	Schenectady	NY 12303	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		70.00		
	Name of Employer MVP	Occupation EVP & Chief Legal Officer			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00			
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	190.00		
ŀ	TOTAL This Period (last page this line number				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 27 / 62 (check only one)
I		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any person a name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
. Z	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella	$\begin{array}{c c} M & M \\ 0 & 6 \end{array} \begin{array}{c} \prime & D & D \\ 1 & 7 \end{array} \begin{array}{c} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{array}$	
	City	State Zip Code	Transaction ID: SA11AI.8035
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	740.00]
	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road	M M / D D Y	
	City	State Zip Code	Transaction ID: SA11AI.8046
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	560.00]
_	Full Name (Last, First, Middle Initial) Christopher Henchey	1	Date of Receipt
	Mailing Address 144 Berry Road	M M / D D / Y Y Y Y 04 22 2010	
	City	State Zip Code	Transaction ID: SA11AI.8047
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 640.00]
Γ		L	230.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 62 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۹.	Full Name (Last, First, Middle Initial) Christopher Henchey	Date of Receipt	
	Mailing Address 144 Berry Road		05 / D D / Y Y Y Y 06 / 2010
	City	State Zip Code	Transaction ID: SA11AI.8048
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Aggregate Year-to-Date V		
	Other (specify)	720.00	
	Full Name (Last, First, Middle Initial) Christopher Henchey	Date of Receipt	
	Mailing Address 144 Berry Road	05 / 20 / Y Y Y Y 05 / 20 10	
	City	State Zip Code	Transaction ID: SA11AI.8049
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	800.00	
. –	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road	M · M / D · D / Y · Y · Y · Y Y 06 03 2010	
	City	State Zip Code	Transaction ID: SA11AI.8050
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 880.00	
Γ	SUBTOTAL of Receipts This Page (optional).		240.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule() for each attagory of the proceed address of the function only one) is in a in						
TEMIZED RECEIPTS for each category of the Dataleted Summary Page Image: the second seco	SCHEDULE A (EEC Form 3	SX)	FOR LINE NUMBER: PAGE 29/62			
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Mailing Address 1 Loudon Heights City State Zip Code Loudonville NY 12211 FEC ID number of contributing federal political committee. C 60.00 Name of Employer Occupation EVP, Sales and Marketing 60.00 Receipt For: Aggregate Year-to-Date ▼ 480.00						
City State Zip Code Loudonville NY 12211 FEC ID number of contributing federal political committee. C Name of Employer Occupation VP EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General			- '			
Loudonville NY 12211 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 60.00 Name of Employer MVP Occupation EVP, Sales and Marketing 60.00 Receipt For: Aggregate Year-to-Date ▼ 480.00	Maining Address 1 Loudon Heights	Mailing Address 1 Loudon Heights				
Loudonville NY 12211 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 60.00 Name of Employer MVP Occupation EVP, Sales and Marketing 60.00 Receipt For: Aggregate Year-to-Date ▼ 480.00	City	State Zip Code	Transaction ID: SA11AI.8053			
federal political committee. 00.00 Name of Employer MVP Occupation EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General	Loudonville	NY 12211				
federal political committee. 00.00 Name of Employer MVP Occupation EVP, Sales and Marketing Receipt For: Aggregate Year-to-Date ▼ Primary General	FEC ID number of contributing		00.00			
Receipt For: Aggregate Year-to-Date Primary General			80.00			
Receipt For: Aggregate Year-to-Date Primary General	Name of Employer	Occupation	1			
Receipt For: Aggregate Year-to-Date Primary General	MVP	MVP EVP, Sales and Marketing				
Primary General 480.00	Receipt For:	Aggregate Year-to-Date ▼				
Other (specify) ▼ 480.00	Primary General					
	Other (specify)	480.00				
SUBTOTAL of Receipts This Page (optional)	SURTOTAL of Respire This Page (antis)		200.00			
	SUBTOTAL OF NECEIPIS THIS Tage (option	P				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE 30 / 62(check only one) X 11a11b11c121314151617on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and addres	ss of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.8054
	Loudonville	NY	12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	Occupation EVP, Sales	and Marketing	
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼ 540.00	1
-	Other (specify)	0 0 0	540.00	
В.	Full Name (Last, First, Middle Initial)			Date of Receipt
р.	James R. Hopsicker Mailing Address 4209 Oakdale CT	05 24 2010		
	City	State	Zip Code	Transaction ID: SA11AI.8463
	<u>Schenectady</u>	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer MVP Service Corp.	Occupation RPH		Individual Contribution
	Receipt For:	Aggregate Ye	ear-to-Date 🔻	
	Primary General Other (specify) ▼	0 0 0	750.00]
С.	Full Name (Last, First, Middle Initial) Kevin Husted			Date of Receipt
	Mailing Address 38 Fox Hill Drive			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.8081
	<u>Fairport</u>	NY	14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	1 1	tion Technology	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date 210.00]
	SUBTOTAL of Receipts This Page (optional)			840.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3		FOR LINE NUMBER: PAGE 31 / 62 (check only one)	
ITEMIZED RECEIPTS	for each category of the	X 11a $11b$ 11c 12	
	Detailed Summary Page		
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may not be sold or used by any person g the name and address of any political committee to s	for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)			
MVP Health Care Inc. Federal PA	C		
Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt	
Mailing Address 38 Fox Hill Drive	M M / D D / Y Y Y Y 04 22 2010		
City	State Zip Code	Transaction ID: SA11AI.8082	
Fairport	NY 14450	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00	
Name of Employer MVP	Occupation VP Information Technology	-	
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General	240.00		
Other (specify)			
Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt	
Mailing Address 38 Fox Hill Drive		0 5 / 0 6 / Y Y Y Y 0 2 0 1 0	
City	State Zip Code	Transaction ID: SA11AI.8083	
Fairport	NY 14450	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00	
Name of Employer MVP	Occupation VP Information Technology	-	
Receipt For:	Aggregate Year-to-Date 🔻	-	
Primary General Other (specify) ▼	270.00		
Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt	
Mailing Address 38 Fox Hill Drive			
City	State Zip Code	Transaction ID: SA11AI.8084	
<u>Fairport</u>	NY 14450	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00	
Name of Employer MVP	Occupation VP Information Technology	1	
Receipt For:	Aggregate Year-to-Date ▼	1	
Primary General Other (specify) ▼	300.00		
SUBTOTAL of Receipts This Page (option	al)	90.00	
CODICIAL OF RECEIPTS THIS Fage (Option	•		
TOTAL This Period (last page this line nur	nber only)		

			FOR LINE NUMBER: PAGE 32/62			
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)			
	ITEMIZED RECEIPTS	for each category of the	\overline{X} 11a $\overline{11b}$ 11c $\overline{12}$			
		Detailed Summary Page				
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions			
ł	NAME OF COMMITTEE (In Full)					
	MVP Health Care Inc. Federal PAC					
A.	Full Name (Last, First, Middle Initial) Kevin Husted	Date of Receipt				
	Mailing Address 38 Fox Hill Drive		M M / D D / Y			
	City	State Zip Code	Transaction ID: SA11AI.8085			
	<u>Fairport</u>	NY 14450	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	30.00			
	Name of Employer MVP	Occupation VP Information Technology	_			
	Receipt For:	Aggregate Year-to-Date V	1			
	Primary General					
	Other (specify)	330.00				
- В.	Full Name (Last, First, Middle Initial) Kevin Husted	Date of Receipt				
	Mailing Address 38 Fox Hill Drive	0 6 / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 0				
	City	State Zip Code	Transaction ID: SA11AI.8086			
	<u>Fairport</u>	NY 14450	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	30.00			
	Name of Employer MVP	Occupation VP Information Technology	_			
	Receipt For:	Aggregate Year-to-Date V				
	Primary General Other (specify) ▼	360.00				
- C.	Full Name (Last, First, Middle Initial) Dawn Jablonski	1	Date of Receipt			
	Mailing Address 213 Hansen Ave					
	City	State Zip Code	Transaction ID: SA11AI.8095			
	Albany	NY 12208	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	30.00			
	Name of Employer	Occupation				
	Receipt For:	Aggregate Year-to-Date V				
	Primary General Other (specify) ▼	210.00				
	SUBTOTAL of Receipts This Page (optional)	I	90.00			
	TOTAL This Period (last page this line number	-				

C	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 33 / 62
	· · · ·	Use separate schedule(s)	(check only one)
11	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
A or	ny information copied from such Reports and S r for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
. <u> </u>	Full Name (Last, First, Middle Initial) Dawn Jablonski	Date of Receipt	
	Mailing Address 213 Hansen Ave	04 / D D / Y Y Y Y 23 2010	
	City	State Zip Code	Transaction ID: SA11AI.8096
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	-
	Receipt For:	Aggregate Year-to-Date V	-1
	Primary General		1
	Other (specify)	240.00	
	Full Name (Last, First, Middle Initial) Dawn Jablonski	·	Date of Receipt
	Mailing Address 213 Hansen Ave	M M / D D / Y Y Y Y 05 07 2010	
	City	State Zip Code	Transaction ID: SA11AI.8097
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify)	270.00	
	Full Name (Last, First, Middle Initial) Dawn Jablonski	1	Date of Receipt
	Mailing Address 213 Hansen Ave	0 5 2 1 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.8098
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date 🔻	1
	Primary General	310.00	1
	Other (specify)		
		1	100.00

SCHEDULE	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 62 (check only one) X X 11a 11b 11c 12
or for commercial p	bied from such Reports and S urposes, other than using the IMITTEE (In Full)	Statements may e name and add	r not be sold or used by any pers dress of any political committee to	13 14 15 16 on for the purpose of soliciting contributions o solicit contributions from such committee.
MVP Health (Care Inc. Federal PAC			
Dawn Jablonski	, First, Middle Initial)	Date of Receipt		
Mailing Address	213 Hansen Ave	06 04 YYYY 2010		
City		State	Zip Code	Transaction ID: SA11AI.8099
Albany		NY	12208	Amount of Each Receipt this Period
FEC ID number federal political		C		40.00
Name of Employ	/er	Occupation	1	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 350.00	7
	, First, Middle Initial)	0 0	0 0 0 0 0 0 0 0	Date of Receipt
Mailing Address	213 Hansen Ave	M M / D D / Y Y Y Y 06 18 2010		
City State Zip Code				Transaction ID: SA11AI.8100
Albany		NY	12208	Amount of Each Receipt this Period
FEC ID number federal political	of contributing committee.	C		40.00
Name of Employ	/er	Occupation	1	
Receipt For:		Aggregate	Year-to-Date V	
Other (spe	General ecify) ▼	0 0	390.00]
Full Name (Last David Kadish	, First, Middle Initial)			Date of Receipt
Mailing Address	Mailing Address 44 Surrey Mall			05 24 2010
City		State	Zip Code	Transaction ID: SA11AI.8455
Slingerlands		NY	12159	Amount of Each Receipt this Period
federal political	FEC ID number of contributing federal political committee.			300.00
	Name of Employer Occupation MVP VP Contracts			
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date V 300.00]
	ceipts This Page (optional)			380.00

				t
	SCHEDULE A (FEC Form 3X)		Lise separate schedule(a)	FOR LINE NUMBER: PAGE 35 / 62
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			Detailed Ourinnary Fage	
[Any information copied from such Reports and S	Statements ma	v not be sold or used by any perso	
	or for commercial purposes, other than using the	e name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	> MVP Health Care Inc. Federal PAC			
A.	/ Full Name (Last, First, Middle Initial) Dennis Kant	Date of Receipt		
	Mailing Address 11 White Briar	M M / D D / Y Y Y Y 04 08 2010		
	City	State	Zip Code	Transaction ID: SA11AI.8112
	Pittsford	NY	14534	Amount of Each Receipt this Period
			11001	Amount of Each Necept this renou
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio	n	-
		VP Finar	nce	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	33 - 3 - 4		1
	Other (specify)		210.00	
				-
-	Full Name (Last, First, Middle Initial)			
В.	Dennis Kant	Date of Receipt		
	Mailing Address 11 White Briar	0 4 / D D / Y Y Y Y 2 2 2 2 0 1 0		
	O :•••			
	City	State	Zip Code	Transaction ID: SA11AI.8113
	Pittsford	NY	14534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio	n	
	MVP	VP Finar	nce	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General	riggrogate		-
	Other (specify)		240.00	
				-
-	Full Name (Last, First, Middle Initial)			
C.	Dennis Kant			Date of Receipt
	Mailing Address 11 White Briar			
			7:0.1	05 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.8114
	Pittsford	NY	14534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer	Occupatio	n	
	Name of Employer MVP	VP Finar		
	Receipt For:		e Year-to-Date V	
	Primary General	, iggi egale		
	Other (specify)		270.00	
				4
I		1		
	SUBTOTAL of Possinte This Page (anticast)			90.00
	SUBTOTAL of Receipts This Page (optional)			
			-	
	TOTAL This Period (last page this line number	r only)	D	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 62 (check only one) Image: Comparison of the state o
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and address of any political committee to	solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address 12 Sutherland Drive		0 4 / D D / Y Y Y Y 0 8 / 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8129
	Highland Mills	NY 10930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	210.00	
в.	Full Name (Last, First, Middle Initial) Joseph Lia	I	Date of Receipt
	Mailing Address 12 Sutherland Drive	04 / 22 / Y Y Y Y 04 / 21 / 2010	
	City	State Zip Code	Transaction ID: SA11AI.8130
	Highland Mills	NY 10930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	240.00	
С.	Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		05 / D D / Y Y Y Y 06 / 2010
	City	State Zip Code	Transaction ID: SA11AI.8131
	Highland Mills	NY 10930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 270.00	
	SUBTOTAL of Receipts This Page (optional)	·····	90.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 62 (check only one)
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP	State NY C	Zip Code 10930	Date of Receipt M M M / D D / Y Y Y Y 2 0 / 2 0 1 0 Transaction ID: SA11AI.8132 Amount of Each Receipt this Period 30.00
	Receipt For: Primary General Other (specify) ▼	1 1	Year-to-Date 300.00]
В.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive			Date of Receipt 0 6 / 0 3 / 2 0 1 0
	City <u>Highland Mills</u> FEC ID number of contributing federal political committee.	State NY	Zip Code 10930	Transaction ID: SA11AI.8133 Amount of Each Receipt this Period 30.00
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼	1 1	n d-Hudson Region Year-to-Date ▼ 330.00]
с.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive			Date of Receipt
	City <u>Highland Mills</u> FEC ID number of contributing federal political committee.	State NY	Zip Code 10930	Transaction ID: SA11AI.8134 Amount of Each Receipt this Period 30.00
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼	1 1	n d-Hudson Region Year-to-Date 360.00	
	SUBTOTAL of Receipts This Page (optional)	I	······	90.00
	TOTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any pers	FOR LINE NUMBER: PAGE 38 / 62 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	e name and add	ress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City Binghamton FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	State NY C Occupation VP South Aggregate		Date of Receipt M M / D D / Y Y Y Y 0 4 / D 8 / Y 2 0 1 0 Transaction ID: SA11AI.8135 Amount of Each Receipt this Period 30.00
-	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		210.00	
B.	Leonard Lindenmuth Mailing Address 33 Oak Street City	State NY	Zip Code	Date of Receipt
	Binghamton FEC ID number of contributing federal political committee. Name of Employer		13905	Amount of Each Receipt this Period
	MVP Beceipt For: Primary General Other (specify) ▼	VP South]
- C.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street	1		Date of Receipt
	City <u>Binghamton</u> FEC ID number of contributing federal political committee.	State NY	Zip Code 13905	Transaction ID: SA11AI.8137 Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP South		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 270.00	
ſ	SUBTOTAL of Receipts This Page (optional)			90.00
ľ	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 / 62 (check only one) 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial)		Date of Receipt
<i>.</i>	Mailing Address 33 Oak Street		05 20 2010
	City	State Zip Code	Transaction ID: SA11AI.8138
	Binghamton	NY 13905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For:	Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	300.00]
- В.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth	•	Date of Receipt
	Mailing Address 33 Oak Street		0 6 / D D / Y Y Y Y 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8139
	Binghamton	NY 13905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 330.00]
- C.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth	1	Date of Receipt
	Mailing Address 33 Oak Street		M M / D D / Y Y Y Y 06 17 2010
	City <u>Binghamton</u>	State Zip Code NY 13905	Transaction ID: SA11AI.8140
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00]
Γ		1	90.00

	SCHEDULE A (FEC Form 3X)	Γ	Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 62
			for each category of the	(check only one)
			Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any pers ress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	MVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt		
	Mailing Address 300 Partridge Lane			0 4 / D D / Y Y Y Y 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.8141
	<u>Charlotte</u>	VT	05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermo		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		210.00	
	Other (specify)	0 0		
- В.	Full Name (Last, First, Middle Initial) William V. Little	•		Date of Receipt
	Mailing Address 300 Partridge Lane			0 4 / D D / Y Y Y Y 2 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.8142
	<u>Charlotte</u>	VT	05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermo		
	Receipt For:	Aggregate `	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	240.00	
- C.	Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
0.	Mailing Address 300 Partridge Lane			05 06 Y Y Y Y 05 06 2010
	City	State	Zip Code	Transaction ID: SA11AI.8143
	Charlotte	VT	05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermo		
	Receipt For:	Aggregate `	Year-to-Date 🔻	
	Other (specify) ▼		270.00	
ſ	SUDTOTAL of Dessints This Dass (artists)			90.00
┝	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 62
	EMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements may name and ad	y not be sold or used by any p dress of any political committe	person for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	MVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) William V. Little	Date of Receipt		
	Mailing Address 300 Partridge Lane			M · M / D · D / Y · Y · Y Y Y · Y Y
	City	State	Zip Code	Transaction ID: SA11AI.8144
	Charlotte	VT	05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Service Corp.	Occupatio VP Verm		
	Receipt For:			
	Primary General Other (specify) ▼		300.00	
	Full Name (Last, First, Middle Initial)			
В.	William V. Little			Date of Receipt
	Mailing Address 300 Partridge Lane			0 6 / 0 3 / Y Y Y Y Y
	City	State VT	Zip Code	Transaction ID: SA11AI.8145
	<u>Charlotte</u>	VI	05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Service Corp.	Occupatio VP Verm		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		330.00	•
	Other (specify)	0 0	0 0 0 0 0 0	·
C.	Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
	Mailing Address 300 Partridge Lane			0 6 / D D / Y Y Y Y 0 6 / 1 7 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.8146
	Charlotte	VT	05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Service Corp.	Occupatio VP Verm		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	360.00	
s	SUBTOTAL of Receipts This Page (optional)			90.00
	OTAL This Period (last page this line number	only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedul for each category of th Detailed Summary Pa	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political com	mittee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.8166
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	<u> </u>
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 280.	.00
в.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
	Maining Address 19 Chimson Way		04 22 2010
	City	State Zip Code	Transaction ID: SA11AI.8167
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	3
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 320.	.00
с.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		
	City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.8168 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	5
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 360.	.00
	SUBTOTAL of Receipts This Page (optional)		120.00
	TOTAL This Period (last page this line number	only)	

6			FOR LINE NUMBER: PAGE 43 / 62
	CHEDULE A (FEC Form 3X)		e schedule(s) (check only one)
П	EMIZED RECEIPTS	for each cate Detailed Sur	
		Detailed Out	
A or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or uname and address of any poli	used by any person for the purpose of soliciting contributions itical committee to solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.8169
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Underwriting and A	Analysis
	Receipt For:	Aggregate Year-to-Date	
	Primary General		
	Other (specify)	0 0 0 0 0 0	400.00
	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		M = M / D = D / Y = Y = Y Y 0 6 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8170
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Underwriting and A	Analysis
	Receipt For:	Aggregate Year-to-Date	V
	Primary General Other (specify) ▼		440.00
	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		M M / D / Y
	City	State Zip Code	Transaction ID: SA11AI.8171
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Underwriting and A	Analysis
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼		480.00
		<u> </u>	120.00

nation copied from such Reports and mercial purposes, other than using OF COMMITTEE (In Full) Health Care Inc. Federal PAC ame (Last, First, Middle Initial) Metheny g Address 21 Joellen Drive ester D number of contributing political committee. of Employer of Employer of For: Primary General Dther (specify) ▼ ame (Last, First, Middle Initial) Metheny g Address 21 Joellen Drive ester	d Statements may not be sold or used by any pers the name and address of any political committee to State Zip Code NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 280.00 State Zip Code NY 14000	Date of Receipt M M / D / Y
Health Care Inc. Federal PAC ame (Last, First, Middle Initial) Metheny Address 21 Joellen Drive ester D number of contributing political committee. of Employer of Employer of For: Primary	NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date 280.00	M M / D B / Y Y Y Y 0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8183 Amount of Each Receipt this Period 40.00 40.00 Date of Receipt 0 4 2 2 0 4 2 2 0 4 2 2 0 4 2 2 0 4 2 2 1 2 2 2 0 1 0 Transaction ID: SA11AI.8184
Metheny Address 21 Joellen Drive ester D number of contributing political committee. of Employer ot For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) Metheny Address 21 Joellen Drive	NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date 280.00	M M / D B / Y Y Y Y 0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8183 Amount of Each Receipt this Period 40.00 40.00 Date of Receipt 0 4 2 2 0 4 2 2 0 4 2 2 0 4 2 2 0 4 2 2 1 2 2 2 0 1 0 Transaction ID: SA11AI.8184
ester D number of contributing political committee. of Employer Primary General Dther (specify) ▼ ame (Last, First, Middle Initial) Metheny g Address 21 Joellen Drive	NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date 280.00	0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8183 Amount of Each Receipt this Period 40.00 40.00 Date of Receipt 0 4 2 2 0 4 2 2 0 4 0 8 2 2 2 0 1 0 Transaction ID: SA11AI.8184
D number of contributing political committee. of Employer Primary ☐ General Other (specify) ▼ ame (Last, First, Middle Initial) Metheny g Address 21 Joellen Drive	NY 14626 C Occupation VP, Business Excellence Aggregate Year-to-Date 280.00	Amount of Each Receipt this Period 40.00 Date of Receipt 0 4 0 4 Transaction ID: SA11AI.8184
D number of contributing political committee. of Employer Primary ☐ General Other (specify) ▼ ame (Last, First, Middle Initial) Metheny g Address 21 Joellen Drive	C Occupation VP, Business Excellence Aggregate Year-to-Date ▼ 280.00 State Zip Code	40.00 Date of Receipt 0 4 2 2 Transaction ID: SA11AI.8184
ame (Last, First, Middle Initial) Metheny 9 Address 21 Joellen Drive	Occupation VP, Business Excellence Aggregate Year-to-Date 280.00 State Zip Code	Date of Receipt 0 4 2 2 2 2 0 1 0 Transaction ID: SA11AI.8184
ot For: Primary General Dther (specify) ▼ ame (Last, First, Middle Initial) Metheny J Address 21 Joellen Drive	VP, Business Excellence Aggregate Year-to-Date ▼ 280.00 State Zip Code	M M / D D / Y
Primary General Dther (specify) ▼ ame (Last, First, Middle Initial) Metheny Address 21 Joellen Drive	State Zip Code	M M / D D / Y
Other (specify) ▼ ame (Last, First, Middle Initial) Metheny Address 21 Joellen Drive	State Zip Code	M M / D / Y
Metheny Address 21 Joellen Drive	•	M M / D D / Y
	•	0 4 2 2 2 0 1 0 Transaction ID: SA11AI.8184
ester	•	
ester		Amount of Each Descipt this Deviad
	NY 14626	Amount of Each Receipt this Period
D number of contributing political committee.	C	40.00
of Employer	Occupation VP, Business Excellence	
ot For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) v	320.00	
ame (Last, First, Middle Initial) Metheny	1	Date of Receipt
Address 21 Joellen Drive		0 5 / D D / Y Y Y Y 0 6 / 2 0 1 0
	State Zip Code	Transaction ID: SA11AI.8185
ester	NY 14626	Amount of Each Receipt this Period
D number of contributing political committee.	C	40.00
of Employer	Occupation VP, Business Excellence	
ot For:	Aggregate Year-to-Date ▼ 360.00	
Primary General Dther (specify) ▼		
0	political committee. f Employer For: rimary General	political committee. f Employer Coccupation VP, Business Excellence For: rimary General Coccupation VP, Business Excellence Aggregate Year-to-Date Coccupation VP, Business Excellence Aggregate Year-to-Date Coccupation Coccupation VP, Business Excellence Aggregate Year-to-Date Coccupation Coccupation VP, Business Excellence Aggregate Year-to-Date Coccupation Coccupation VP, Business Excellence VP, Business Excellence

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 62 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any perso	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) Laurie Metheny	Date of Receipt	
	Mailing Address 21 Joellen Drive		M M / D D / Y Y Y Y 05 20 2010
	City	State Zip Code	Transaction ID: SA11AI.8186
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	400.00	
– В.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		M · M / D · D / Y · Y · Y · Y Y 0 6 0 3 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8187
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify)	440.00	
– c.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		0 6 1 7 Y Y Y Y 0 6 1 7 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8188
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)	·	120.00
	TOTAL This Period (last page this line number	only)	

Any info or for co NAM MVF Full N Jame Mailir City Gler FEC feder Name MVP	DULE A (FEC Form 3X) ZED RECEIPTS mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) P Health Care Inc. Federal PAC lame (Last, First, Middle Initial) s Morrill g Address 54 Henderson Road mont ID number of contributing al political committee.	State Zip NY 120 Occupation	Code	FOR LINE NUMBER: PAGE 46 / 62 (check only one) I1a 11b 11c 12 I3 14 15 16 1 on for the purpose of soliciting contributions solicit contributions from such committee. Image: Contribution of the purpose of solicit contributions from such committee. Date of Receipt Image: Contribution of the purpose of the
Any infor or for co NAM MVF Full N Jame Mailir City Gler FEC feder Name MVP	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) P Health Care Inc. Federal PAC lame (Last, First, Middle Initial) s Morrill g Address 54 Henderson Road	Statements may not be sename and address of a State Zip NY 120 Occupation	led Summary Page sold or used by any perso any political committee to Code	X 11a 11b 11c 12 13 14 15 16 1 on for the purpose of soliciting contributions solicit contributions from such committee. 16 1 Date of Receipt 0 4 0 8 2 0 10 Transaction ID: SA11AI.8195 Amount of Each Receipt this Period 10 10 10 10
Any infor or for co NAM MVF Full N Jame Mailir City Gler FEC feder Name MVP	mation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) P Health Care Inc. Federal PAC lame (Last, First, Middle Initial) s Morrill g Address 54 Henderson Road	Statements may not be sename and address of a state Zip NY 120 C C C C C C C C C C C C C C C C C C C	sold or used by any perso any political committee to Code	13 14 15 16 1 on for the purpose of soliciting contributions solicit contributions from such committee. 13 14 15 16 1 Date of Receipt 0 0 10 10 10 10 Transaction ID: SA11AI.8195 Amount of Each Receipt this Period 10 10 10
A. Solution of the second seco	mmercial purposes, other than using the E OF COMMITTEE (In Full) P Health Care Inc. Federal PAC lame (Last, First, Middle Initial) s Morrill ng Address 54 Henderson Road mont ID number of contributing al political committee.	State Zip NY 120 Occupation	Code	Date of Receipt 0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8195 Amount of Each Receipt this Period
or for co NAM MVF Full N Jame Mailir City <u>Gler</u> FEC feder Name	mmercial purposes, other than using the E OF COMMITTEE (In Full) P Health Care Inc. Federal PAC lame (Last, First, Middle Initial) s Morrill ng Address 54 Henderson Road mont ID number of contributing al political committee.	State Zip NY 120 Occupation	Code	Date of Receipt 0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8195 Amount of Each Receipt this Period
Full N Full N Jame Mailir City Gler FEC feder Name NAMY	P Health Care Inc. Federal PAC lame (Last, First, Middle Initial) s Morrill Ig Address 54 Henderson Road Imont ID number of contributing al political committee.	NY 120		M M M M D D D Y
Full N Jame Mailir City Gler FEC feder Name NAme	lame (Last, First, Middle Initial) s Morrill ng Address 54 Henderson Road mont ID number of contributing al political committee.	NY 120		M M M M D D D Y
. Jame Mailir City Gler FEC feder Name NAme	s Morrill Ig Address 54 Henderson Road Imont ID number of contributing al political committee. e of Employer	NY 120		M M M M D D D Y
Mailir City Gler FEC feder Name MVP	ng Address 54 Henderson Road	NY 120		M M M M D D D Y
City <u>Gler</u> FEC feder Name MVP	Imont ID number of contributing al political committee. e of Employer	NY 120		0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8195 Amount of Each Receipt this Period
Gler FEC feder Name MVP	ID number of contributing al political committee. e of Employer	NY 120		Amount of Each Receipt this Period
FEC feder Name MVP	ID number of contributing al political committee. e of Employer	C)77	Amount of Each Receipt this Period
feder Name MVP	al political committee.	Occupation		50.00
				-
Rece	ipt For:	EVP, HR		
		Aggregate Year-to-	Date V	-
	Primary General Other (specify) ▼		350.00	
	Other (specify)	0 0 0		1
	lame (Last, First, Middle Initial) s Morrill			Date of Receipt
	ng Address 54 Henderson Road			M M / D D / Y Y Y Y
				04 22 2010
City		•	Code	Transaction ID: SA11AI.8196
	imont	NY 120)//	Amount of Each Receipt this Period
feder	ID number of contributing al political committee.	C		50.00
Name MVP	e of Employer	Occupation EVP, HR		
Rece	ipt For:	Aggregate Year-to-	Date V	_
	Primary General Other (specify)		400.00	
	lame (Last, First, Middle Initial)			
	s Morrill g Address 54 Henderson Road			Date of Receipt
				05 06 2010
City			Code	Transaction ID: SA11AI.8197
<u>Gler</u>	imont	NY 120)77	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		50.00
Name MVP	e of Employer	Occupation EVP, HR		
Rece	ipt For:	Aggregate Year-to-	Date 🔻	
	Primary General		450.00	1
	Other (specify)		+50.00	1
SUBTO	TAL of Receipts This Page (optional)			150.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 62 (check only one)	
	ITEMIZED RECEIPTS		for each category of the		
			Detailed Summary Page	X 11a 11b 11c 12	
	[13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pe dress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	MVP Health Care Inc. Federal PAC				
Α.	Full Name (Last, First, Middle Initial) James Morrill	Date of Receipt			
	Mailing Address 54 Henderson Road			05 / 20 / Y Y Y Y 2010	
	City	State	Zip Code	Transaction ID: SA11AI.8198	
	Glenmont	NY	12077	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer MVP	Occupatio	n		
		EVP, HR			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
		Primary General 500.00			
	Other (specify)	0 0		·	
в.	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt	
	Mailing Address 54 Henderson Road			0 6 0 3 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.8199	
	Glenmont	NY	12077	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer MVP	Occupatio EVP, HR			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General	33 - 3			
	Other (specify)	0 0	550.00		
C.	Full Name (Last, First, Middle Initial) James Morrill	1		Date of Receipt	
•	Mailing Address 54 Henderson Road			0 6 1 7 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.8200	
	Glenmont	NY	12077	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer MVP	Occupatio EVP, HR			
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Other (specify)	0 0	600.00		
	SUBTOTAL of Receipts This Page (optional)			150.00	
	TOTAL This Period (last page this line number	only)			
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	SCHEDULE A (FEC Form 3X)	ľ	FOR LINE NUMBER: PAGE 48/62				
		Use separate schedule(s) for each category of the	(check only one)				
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12				
Г			13 14 15 16 17				
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n tor the purpose of soliciting contributions solicit contributions from such committee.				
ĺ	NAME OF COMMITTEE (In Full)						
	MVP Health Care Inc. Federal PAC						
Α.	Full Name (Last, First, Middle Initial) David Orlando	David Orlando					
	Mailing Address 3 Clare Castle		M M / D D / Y				
	City	State Zip Code	Transaction ID: SA11AI.8223				
	Albany	NY 12205	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	30.00				
	Name of Employer MVP	Occupation Corp VP of Operations					
	Receipt For:	Aggregate Year-to-Date V	1				
	Primary General						
	Other (specify) ▼	210.00					
в.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt				
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y 04 22 2010				
	City	State Zip Code	Transaction ID: SA11AI.8224				
	Albany	NY 12205	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	30.00				
	Name of Employer MVP	Occupation Corp VP of Operations					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	240.00					
C.	Full Name (Last, First, Middle Initial) David Orlando	1	Date of Receipt				
0.	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y				
			05 06 2010				
	City	State Zip Code	Transaction ID: SA11AI.8225				
	Albany	NY 12205	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	30.00				
	Name of Employer MVP	Occupation Corp VP of Operations					
	Receipt For:	Aggregate Year-to-Date ▼					
	Primary General	270.00					
	Other (specify)						
	SUBTOTAL of Receipts This Page (optional)	·	90.00				
		_					
	TOTAL This Period (last page this line number	only)					

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 62 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	Any information copied from such Reports and S or for commercial purposes, other than using the		n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۷ A.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle	$ \begin{array}{c c} M & M \\ 0 & 5 \end{array} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
	City	State Zip Code	Transaction ID: SA11AI.8226
	Albany	NY 12205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Corp VP of Operations	_
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General Other (specify) ▼	300.00	
- В.	Full Name (Last, First, Middle Initial) David Orlando	1	Date of Receipt
	Mailing Address 3 Clare Castle		06 / 03 / Y Y Y Y 06 / 03 / 2010
	City	State Zip Code	Transaction ID: SA11AI.8227
	Albany	NY 12205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Corp VP of Operations	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	330.00	
- с.	Full Name (Last, First, Middle Initial) David Orlando	I	Date of Receipt
	Mailing Address 3 Clare Castle		M = M / D = D / Y = Y = Y Y 0 6 1 7 2 0 1 0 10
	City Albany	State Zip Code NY 12205	Transaction ID: SA11AI.8228
		NY 12205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Corp VP of Operations	
	Receipt For:	Aggregate Year-to-Date 🔻	
	 Primary General Other (specify) ▼ 	360.00	
ſ	SUBTOTAL of Receipts This Page (optional)		90.00
	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 50 / 62 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 10 17
	or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 12047 C Occupation VP of E Business	Date of Receipt M M / D D / Y Y Y Y 0 6 / D 3 / 2 0 1 0 Transaction ID: SA11AI.8297 Amount of Each Receipt this Period 20.00
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 220.00]
В.	Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street City	State Zip Code	Date of Receipt $ \begin{array}{c c} $
	Schenectady FEC ID number of contributing federal political committee.	NY 12047 C Occupation	Amount of Each Receipt this Period 20.00
	MVP Receipt For: Primary General Other (specify) ▼	VP of E Business Aggregate Year-to-Date ▼ 240.00]
С.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
	City <u>Clifton Park</u> FEC ID number of contributing federal political committee.	State Zip Code NY 12065	Transaction ID: SA11AI.8299 Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00]
	SUBTOTAL of Receipts This Page (optional)	•	70.00
Ī	TOTAL This Period (last page this line number c	nly)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 62 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the		n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
			04 23 2010
	City	State Zip Code	Transaction ID: SA11AI.8300
	<u>Clifton Park</u>	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 240.00	
В.	Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City	State Zip Code	Transaction ID: SA11AI.8301
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	270.00	
C.	Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		05 / 21 / Y Y Y Y 02010
	City	State Zip Code	Transaction ID: SA11AI.8302
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 300.00	
	SUBTOTAL of Receipts This Page (optional)	••••••	90.00
	TOTAL This Period (last page this line number	only)	

C	CHEDIII E A (EEC Form 2V)		FOR LINE NUMBER: PAGE 52 / 62
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
11	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
-			
Ai or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
<u> </u>	Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.8303
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	330.00	
	Other (specify)		
	Full Name (Last, First, Middle Initial) Thomas Ryan	•	Date of Receipt
	Mailing Address 24 Bluestone Ridge		0 6 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8304
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	360.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue	0 4 0 8 2 0 1 0	
	City	State Zip Code	Transaction ID: SA11AI.8305
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00	
			90.00

S	CHEDULE A (FEC Form 3X)	Use separate schedule(FOR LINE NUMBER: PAGE 53 / 62
		for each category of the	
		Detailed Summary Page	
	Any information copied from such Reports and S or for commercial purposes, other than using the	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	angle MVP Health Care Inc. Federal PAC		
۹.	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		M M / D D / Y Y Y Y 0 4 2 2 2 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8306
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.0	0
	Full Name (Last, First, Middle Initial) Daniel Sauer	I	Date of Receipt
	Mailing Address 160 Fifth Avenue		05 / 06 / Y Y Y Y 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	City	State Zip Code	Transaction ID: SA11AI.8307
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	270.0	0
;.	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		M M / D D / Y Y Y Y 05 20 2010
	City	State Zip Code	Transaction ID: SA11AI.8308
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For: Primary General	Aggregate Year-to-Date V	
	Other (specify)	300.0	0
Г		1	

SCHEDULE A (FEC Form 3X		FOR LINE NUMBER: PAGE 54 / 62 (check only one)		
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any persor the name and address of any political committee to	n for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC				
Full Name (Last, First, Middle Initial)		Date of Receipt		
Mailing Address 160 Fifth Avenue	M M / D D / Y			
City	State Zip Code	Transaction ID: SA11AI.8309		
Saratoga Springs	NY 12866	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer MVP	Occupation VP Sales			
Receipt For:	Aggregate Year-to-Date ▼	-		
Other (specify) ▼	330.00			
Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt		
Mailing Address 160 Fifth Avenue		06 / 17 / Y Y Y Y 006 / 17		
City	City State Zip Code			
Saratoga Springs	NY 12866	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer MVP	Occupation VP Sales			
Receipt For:	Aggregate Year-to-Date V	_		
Other (specify) ▼	360.00			
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt		
Mailing Address 33 Everett Drive		0 4 0 8 2 0 1 0		
City	State Zip Code	Transaction ID: SA11AI.8347		
Rochester	NY 14624	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		30.00		
Name of Employer MVP	Occupation VP, Sales			
Receipt For:	Aggregate Year-to-Date ▼ 210.00	_		
Other (specify)				
SUBTOTAL of Receipts This Page (optional)		90.00		
TOTAL This Period (last page this line numb	er only)			

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 55 / 62 (check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
A C	ny information copied from such Reports and S r for commercial purposes, other than using the	on for the purpose of soliciting contributions of solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
. Z	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
	Mailing Address 33 Everett Drive		M M / D D / Y Y Y Y 04 22 2010
	City	State Zip Code	Transaction ID: SA11AI.8348
	Rochester	NY 14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP, Sales	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	240.00]
_	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott	1	Date of Receipt
	Mailing Address 33 Everett Drive		05 / 06 / Y Y Y Y 025 / 06 / 2010
	City	State Zip Code	Transaction ID: SA11AI.8349
	Rochester	NY 14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP, Sales	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify)	270.00]
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott	1	Date of Receipt
	Mailing Address 33 Everett Drive		M M / D D / Y Y Y Y 05 20 2010
	City	State Zip Code	Transaction ID: SA11AI.8350
	Rochester	NY 14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Sales	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify)	310.00	
Γ		1	100.00

S	CHEDULE A (FEC Form 3X))		FOR LINE NUMBER: PAGE 56 / 62
		,	Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and r for commercial purposes, other than using th	Statements may n	not be sold or used by any pers ess of any political committee to	on for the purpose of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)			
	MVP Health Care Inc. Federal PAC			
<i>ب</i> د ۱.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
	Mailing Address 33 Everett Drive			M · M / D · D / Y · Y · Y · Y Y 0 6 0 3 2 0 1 0 10
	City	State	Zip Code	Transaction ID: SA11AI.8351
	Rochester	NY	14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation VP, Sales		
	Receipt For:		ear-to-Date ▼	
	Primary General		350.00	
	Other (specify)	0 0 0		
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
	Mailing Address 33 Everett Drive			M · M / D · D / Y · Y · Y · Y Y Y · Y Y
	City	State	Zip Code	Transaction ID: SA11AI.8352
	Rochester	NY	14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation VP, Sales		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary General Other (specify) ▼		390.00	
	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			M M / D D / Y Y Y Y 04 08 2010
	City	State	Zip Code	Transaction ID: SA11AI.8368
	Middletown	СТ	06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation CIO		
	Receipt For:	Aggregate Y	'ear-to-Date ▼	
	Other (specify) ▼		210.00	
Г				110.00

<u>c</u>	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 57 / 62
	TEMIZED RECEIPTS	Use separate sched for each category of	the
		Detailed Summary F	Page X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by a name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	> MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		M M M / D D / Y Y Y Y Y 04 / 22 / 2010
	City	State Zip Code	Transaction ID: SA11AI.8369
	Middletown	CT 06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation CIO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	24	0.00
- 3.	Full Name (Last, First, Middle Initial) John Vangraafeiland	1	Date of Receipt
	Mailing Address 85 Pinehurst Place		M · M / D · D / Y · Y · Y · Y Y 0 5 / 0 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8370
	Middletown	CT 06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation CIO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) Image: Constraint of the second	27	0.00
-).	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		M M / D D / Y Y Y Y 05 20 2010
	City	State Zip Code	Transaction ID: SA11AI.8372
	Middletown	CT 06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation CIO	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	31	0.00
Γ			100.00

S			
	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 58 / 62
	· · · · ·	Use separate schedule(s) for each category of the	(check only one)
	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
_		, , ,	13 14 15 16 1
A	ny information copied from such Reports and	Statements may not be sold or used by any perso	on for the purpose of soliciting contributions
or	r for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
Ľ			
	Full Name (Last, First, Middle Initial)		Data of Descipt
•	John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		06 03 2010
	City	State Zip Code	Transaction ID: SA11AI.8373
	Middletown	CT 06457	
		01 08437	Amount of Each Receipt this Period
	FEC ID number of contributing	C	40.00
	federal political committee.		
	Name of Employer MVP	Occupation	7
		CIO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	050.00	1
	Other (specify)	350.00	
	Full Name (Last, First, Middle Initial)		
	John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place	0 6 1 7 Y Y Y Y 0 6 1 7 2 0 1 0	
	O :•••		
	City	Transaction ID: SA11AI.8374	
	Middletown	CT 06457	Amount of Each Receipt this Period
	FEC ID number of contributing	C	40.00
	federal political committee.		
	Name of Employer MVP	Occupation	-
	MVP	CIO	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		1
	Other (specify)	390.00	
			1
	Full Name (Last, First, Middle Initial)		
	Shanon Vollmer		Date of Receipt
			M M / D D / Y Y Y Y
	Shanon Vollmer Mailing Address 30 Wilton Court	Ctata Zin Cada	M M / D D / Y Y Y Y 04 / 08 / 2010
	Shanon Vollmer Mailing Address 30 Wilton Court City	State Zip Code	M M / D D / Y
	Shanon Vollmer Mailing Address 30 Wilton Court	State Zip Code NY 12065	M M / D D / Y Y Y Y 0 4 / 0 8 / 2 0 1 0
	Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing	NY 12065	M M / D D / Y
_	Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park	· · · · ·	M M / D D / Y Y Y Y 0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8375 Amount of Each Receipt this Period
	Shanon Vollmer Mailing Address 30 Wilton Court City <u>Clifton Park</u> FEC ID number of contributing federal political committee.	NY 12065	M M / D D / Y Y Y Y 0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8375 Amount of Each Receipt this Period
	Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing	NY 12065	M M / D D / Y Y Y Y 0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8375 Amount of Each Receipt this Period
	Shanon Vollmer Mailing Address 30 Wilton Court City <u>Clifton Park</u> FEC ID number of contributing federal political committee.	NY 12065 C Occupation Associate Counsel	M M / D D / Y Y Y Y 0 8 / 2 0 1 0 Transaction ID: SA11AI.8375 Amount of Each Receipt this Period
_	Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer	NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date	M M / D D / Y Y Y Y 0 8 / 2 0 1 0 Transaction ID: SA11AI.8375 Amount of Each Receipt this Period
_	Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	NY 12065 C Occupation Associate Counsel	M M M / D D / Y Y Y Y 0 4 0 8 / 2 0 1 0 Transaction ID: SA11AI.8375 Amount of Each Receipt this Period
_	Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date	M M / D D / Y Y Y Y 0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8375 Amount of Each Receipt this Period
_ _	Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date	M M / D D / Y
Г	Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date 210.00	M M / D D / Y Y Y Y 0 4 0 8 2 0 1 0 Transaction ID: SA11AI.8375 Amount of Each Receipt this Period

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 62 (check only one) X X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt	
	Mailing Address 30 Wilton Court		04 / D D / Y Y Y Y 22 2010
	City	State Zip Code	Transaction ID: SA11AI.8376
	Clifton Park FEC ID number of contributing	NY 12065	Amount of Each Receipt this Period
	federal political committee.		30.00
	Name of Employer MVP	Occupation	-
	Receipt For:	Associate Counsel	_
	Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	240.00	
_	Full Name (Last, First, Middle Initial)	1	
3.	Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.8377
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Associate Counsel	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00]
_).	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
	Mailing Address 30 Wilton Court		0 5 2 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8378
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Associate Counsel	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00]
Γ	CURTOTAL of Respire This Rose (antional)	L	90.00

		FOR LINE NUMBER: PAGE 60 / 62				
SCHEDULE A (FEC Form 3		(check only one)				
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12				
	Detailed Cultimary Page	13 14 15 16 17				
Any information copied from such Reports or for commercial purposes, other than usir	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 PA	.C					
Full Name (Last, First, Middle Initial) A. Shanon Vollmer		Date of Receipt				
Mailing Address 30 Wilton Court		0 6 / ^Y Y Y Y Y 0 6 0 3 2 0 1 0				
City	State Zip Code	Transaction ID: SA11AI.8379				
Clifton Park	NY 12065	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		30.00				
Name of Employer MVP	Occupation Associate Counsel	1				
Receipt For:	Aggregate Year-to-Date V	1				
Primary General						
Other (specify) v	330.00					
Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt				
Mailing Address 30 Wilton Court		M M / D D / Y Y Y Y 06 17 2010				
City	City State Zip Code					
Clifton Park	NY 12065	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.00				
Name of Employer MVP	Occupation Associate Counsel					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	360.00					
Full Name (Last, First, Middle Initial) Joe Wild		Date of Receipt				
Mailing Address 2040 Mill Road						
City	State Zip Code	Transaction ID: SA11AI.8456				
West Falls	NY 14170	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer MVP Health Care	Occupation Director	1				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	250.00					
	<u> </u>	310.00				
SUBTOTAL of Receipts This Page (option	nal)	310.00				
TOTAL This Period (last page this line nu	mber only)	11730.00				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page					E NUMBER:					PAGE 61 / 62				
					_	heck only 21b 27		X	1	3 8b	F	24	。		25 29	Π
Any Information copied from such Reports and Statem r for commercial purposes, other than using the name					y pers				se	of s		citing	con	tribu	utions	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC																
Full Name (Last, First, Middle Initial) FRANK GUINTA							Trans Date	of D		ours	em	ent	3.78			
Mailing Address 221 CRESTVIEW ROAD)						0 ^M 6	М	/	۵2	2 5		Y	² () Ì C) `
City MANCHESTER	State NH	Zip Code 03104					Amou	unt c	of E	Each	ı D	isbur	-	0		
Purpose of Disbursement Campaign Contribution Candidate Name			C		11 egory/]	L.						2	200	0.00)
Frank Guinta	ement For: Primary Other (spe	2010 X General cify) ▼			/pe											
Full Name (Last, First, Middle Initial) Mike McMahon MIKE MCMAHON FOR CO	ONGRESS						Trans Date 0 5			ours		ient	3.78 Y) ¹ 0	Y
Mailing Address 66 Arnold Street																
City Staten Island	State NY	Zip Code 10301					Amount of Each Disbursement this P 2000.00									
Purpose of Disbursement Campaign Contribution Candidate Name MIKE MCMAHON FOR CONGRESS				ate	11 egory/]	L				•			_00	0.00	
	ement For: Primary Other (spe	2010 X General cify) ▼		1	/pe											
Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS							Trans Date	of D		ours	em	ient	3.84			
Mailing Address 99 W FIRST ST							0 ^M 5	М	/	D C	06		Y	² () Ì C) `
City CORNING	State NY	Zip Code 14830					Amou	unt c	of E	Each	ı D	isbur		-		
Purpose of Disbursement Political Contribution				- 1	11		L.						2	200	0.00)
Candidate Name THOMAS W REED II					egory/ /pe											
Office Sought: X House Disburse Senate President State: NY District: 29	ement For: Primary Other (spe	2010 X General cify) ▼														
SUBTOTAL of Disbursements This Page (optional)					.	<u> </u>							6	000	0.00	

FEC Schedule B (Form 3X) (Revised 02/2003)

]			PAGE 62 / 62						
SCHEDULE D (FEC Form 3X)				separate							
DEBTS AND OBLIGATIONS			sche	edule(s) r each	FOR LINE NUMBER: (check only one) 9						
				ered line)	(check only one) 3 X 10						
NAME OF COMMITTEE (In Full)											
MVP Health Care Inc. Federal P	AC										
A. Full Name (Last, First, Middle I	nitial) of Debtor or	Creditor		Nature of De	ebt (Purpose):						
Deluxe Business Checks	,			Check Prir							
Mailing Address P.O. Box 7428	572										
City State	e	ZIP Code									
Cincinnati OH		45274									
Outstanding Balance Beginning	This Period			Trar	saction ID: SD10.4163						
145	.00										
Amount Incurred This Pe	eriod	Payment This Period		Outstandin	g Balance at Close of This Period						
0	.00	0.00		145.00							
		0.00			140.00						
B. Full Name (Last, First, Middle I	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor										
Media Well Done		Advertising	g								
Mailing Address 96 Jay Street											
City State	е	ZIP Code									
Schenectady NY		12305									
Outstanding Balance Beginning	This Period			Trar	saction ID: SD10.4165						
338	.00										
Amount Incurred This Pe		Payment This Period		Outstandin	g Balance at Close of This Period						
0	0.00	0.00			338.00						
1) SUBTOTALS This Period This P	age (optional)		►		483.00						
2) TOTALS This Period (last page th	is line number only)	•		483.00						
		,									
3) TOTAL OUTSTANDING LOANS	from Schedule C	C (last page only)	►		0.00						
		· · · ·	<u> </u>		400.00						
4) ADD 2) and 3) and carry forward	to appropriate line	of Summary Page (last page only))		483.00						

FEC Schedule D (Form 3X) (Revised 02/2003)