10/15/2010 11:58

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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MVP Health Care Inc. Federal PAC 625 State Street ADDRESS (number and street) Check if different than previously Schenectady NY 12305 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00431429 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Χ Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2010 09 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Frank Fanshawe Type or Print Name of Treasurer Electronically Filed by Mr. Frank Fanshawe 10 15 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

#### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

2/79

FEC Form 3X (Rev. 02/2003)

Report Covering the Period: From:	0 7 0 1 Y Y Y Y Y 2 0 1 0	To: 0 9 3 0 Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand  January 1 2010 Y Y Y		36700.84
(b) Cash on Hand at Begining of Reporting Period	43815.34	
(c) Total Receipts (from Line 19)	12584.00	36211.00
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	56399.34	72911.84
Total Disbursements (from Line 31)	6535.00	23047.50
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49864.34	49864.34
Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	483.00	

#### For further information contact:

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

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

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 79

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period:

From: 0.7

D D 1

Y Y W Y 2010

To:

м м 0 9 <sup>D</sup> 3 0

Y Y Y Y 2 0 1 0

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. C	ontributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	8337.00	21227.00
	(ii) Unitemized	4247.00	14984.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	12584.00	36211.00
(b	o) Political Party Committees	0.00	0.00
(c	(such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry  Totals to Line 33, page 5)	12584.00	36211.00
	ransfers From Affiliated/Other arty Committees	0.00	0.00
3. A	Il Loans Received	0.00	0.00
	pan Repayments Received	0.00	0.00
(C	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made	0.00	0.00
to	Federal candidates and Other olitical Committees	0.00	0.00
	ther Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(a	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b	b) Levin Funds (from Schedule H5)	0.00	0.00
(c	r) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	12584.00	36211.00
	otal Federal Receipts ubtract Line 18(c) from Line 19)	12584.00	36211.00

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 79

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures:  Shared Federal/Non-Federal		
(α)	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
(b)	, 5	0.00	0.00
(c)	Expenditures  Total Operating Expenditures	0.00	0.00
(0)	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	ansfers to Affiliated/Other Party		
	ommittees	0.00	0.00
	deral Candidates/Committeesd Other Political Committees	6500.00	23000.00
4. Inc	dependent Expenditure	0.00	0.00
	se Schedule E) ordinated Expenditures Made by Party	0.00	0.00
Co (us	mmittees (2 U.S.C. 441a(d)) se Schedule F)	0.00	0.00
		0.00	0.00
6. Lo	an Repayments Made	0.00	0.00
7. Lo:	ans Made	0.00	0.00
8. Re (a)	funds of Contributions To: Individuals/Persons Other		
(a)	Than Political Committees	30.00	30.00
(b)	Political Party Committees	0.00	0.00
(c)		0.00	2.00
( D	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds (add Lines 28(a), (b), and (c))	30.00	30.00
	(add Lines 20(a), (b), and (c))		
9. Oth	ner Disbursements	5.00	17.50
0. Fe	deral Election Activity (2 U.S.C 431(20))		
(a	) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b	o) Federal Election Activity Paid Entirely	0.00	0.00
1.	With Federal Funds		
(0	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1. To	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	6535.00	23047.50
	otal Federal Disbursements		
•	subtract Line 21(a)(ii) and Line 30(a)(ii) om Line 31)	6535.00	23047.50
111	on the 31)	0333.00	23047.30

#### **DETAILED SUMMARY PAGE**

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	12584.00	36211.00
34.	Total Contribution Refunds (from Line 28(d))	30.00	30.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	12554.00	36181.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive  City Scotia  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp  Receipt For: Primary General Other (specify)	State Zip Code NY 12302  C Occupation VP, Sales Ops Aggregate Year-to-Date  390.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi  Mailing Address 6 Doris Drive  City Scotia  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp  Receipt For: Primary General Other (specify)	State Zip Code NY 12302  C Occupation VP, Sales Ops Aggregate Year-to-Date  420.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.8525  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi  Mailing Address 6 Doris Drive  City Scotia  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp  Receipt For: Primary General Other (specify)	State Zip Code NY 12302  C  Occupation VP, Sales Ops  Aggregate Year-to-Date ▼  450.00	Date of Receipt  M M / 29 / 2010  Transaction ID: SA11AI.8526  Amount of Each Receipt this Period  30.00
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 79 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any per he name and address of any political committee	rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive		Date of Receipt  M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Scotia</u>	State Zip Code NY 12302	Transaction ID: SA11AI.8527  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Service Corp  Receipt For:  Primary General Other (specify) ▼	Occupation VP, Sales Ops  Aggregate Year-to-Date ▼  480.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8528
Scotia  FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period  30.00
Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
Mailing Address 6 Doris Drive		09 09 / Y Y Y Y Y Y
City Scotia	State Zip Code NY 12302	Transaction ID: SA11AI.8529  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 ▼ 540.00	
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any ne name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Ms. Mary Bianchi  Mailing Address 6 Doris Drive		Date of Receipt
City	State Zip Code	0 9 2 3 2 0 1 0 Transaction ID: SA11AI.8530
Scotia FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period 30.00
Name of Employer MVP Service Corp  Receipt For:	Occupation VP, Sales Ops Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	570.00	
Charles Bloss  Mailing Address 708 Stephens Place		Date of Receipt    M   M   D   D   7   Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.8538
Schenectady  FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 40.00
Name of Employer	Occupation VP & chief Actuary	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  520.00	
Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
Mailing Address 708 Stephens Place		07 15 2010
City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.8539  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP & chief Actuary	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (optional)		110.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any p name and address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer MVP	State Zip Code NY 12303  C	Date of Receipt  0 7 2 9 2 0 1 0  Transaction ID: SA11AI.8540  Amount of Each Receipt this Period  40.00
Receipt For:  Primary General  Other (specify) ▼	VP & chief Actuary  Aggregate Year-to-Date ▼  600.00	1
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place		Date of Receipt    M   M   D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.8541
Schenectady  FEC ID number of contributing federal political committee.	NY 12303  C Occupation	Amount of Each Receipt this Period 40.00
Name of Employer MVP  Receipt For:  Primary General  Other (specify) ▼	VP & chief Actuary  Aggregate Year-to-Date ▼  640.00	
Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
Mailing Address 708 Stephens Place		0 8
City	State Zip Code	Transaction ID: SA11AI.8542
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 VP & chief Actuary	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	only)	•

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any per ne name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)		
Charles Bloss Mailing Address 708 Stephens Place		Date of Receipt
City	State Zip Code	0 9 0 9 2 0 1 0 Transaction ID: SA11AI.8543
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.00
Name of Employer MVP	Occupation VP & chief Actuary	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		07 01 YYYY 2010
City	State Zip Code	Transaction ID: SA11AI.8551
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Administrative	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		07 15 YYYYY 2010
City	State Zip Code	Transaction ID: SA11AI.8552
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Administrative	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	280.00	
CURTOTAL of Possints This Page (antional)		40.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 79 (check only one)  X 11a 11b 11c 12  13 14 15 16
or for commercial purposes, other than using the	Statements may not be sold or used by any persone 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		
Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		07 29 2010
City Delmar	State Zip Code NY 12054	Transaction ID: SA11AI.8553  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Administrative	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8554
Delmar  FEC ID number of contributing federal political committee.	NY 12054	Amount of Each Receipt this Period  20.00
Name of Employer MVP	Occupation Administrative	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		0 8 2 6 2 0 1 0
City Delmar	State Zip Code NY 12054	Transaction ID: SA11AI.8555  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Administrative	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
SUBTOTAL of Receipts This Page (optional)		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 79 (check only one)    X   11a
Ai	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC			
	Full Name (Last, First, Middle Initial) Sue Ann Brown			Date of Receipt
	Mailing Address 9 Wembly Court			09 09 2010
	City Delmar	State NY	Zip Code 12054	Transaction ID: SA11AI.8556  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer MVP	Occupation Administr		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
	Full Name (Last, First, Middle Initial) Sue Ann Brown			Date of Receipt
	Mailing Address 9 Wembly Court			0 9 2 3 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.8557
	Delmar	NY	12054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer MVP	Occupation Administr		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	380.00	
	Full Name (Last, First, Middle Initial) Carl Cameron			Date of Receipt
	Mailing Address 285 Willowcrest Drive	)		0 7 0 1 2 0 1 0
	City Rochester	State NY	Zip Code 14618	Transaction ID: SA11AI.8558
	FEC ID number of contributing federal political committee.	C	14010	Amount of Each Receipt this Period  30.00
	Name of Employer MVP	Occupation VP Medic	al Director	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	
Г	SUBTOTAL of Receipts This Page (optional) .	1		70.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 79 (check only one)    X
Any information copied from or for commercial purposes,  NAME OF COMMITTEE MVP Health Care Inc.	other than using the name an (In Full)	s may not be sold or used by any perso d address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, M Carl Cameron	liddle Initial)		Date of Receipt
	Willowcrest Drive	7. 0.1	07 15 2010
City Rochester	Stat NY	e Zip Code 14618	Transaction ID: SA11AI.8559  Amount of Each Receipt this Period
FEC ID number of contri federal political committe	buting	1700	30.00
Name of Employer MVP		pation Medical Director	
Receipt For:  Primary  Other (specify) ▼	Aggre	egate Year-to-Date ▼ 420.00	
Full Name (Last, First, M Carl Cameron	liddle Initial)		Date of Receipt
Mailing Address 285 Willowcrest Drive  City State Zip Code			07 29 7 2010
City	Stat	Transaction ID: SA11AI.8560	
Rochester	NY	14618	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			30.00
Name of Employer MVP		pation Medical Director	
Receipt For:		egate Year-to-Date ▼	
Primary C Other (specify) ▼	General	450.00	
Full Name (Last, First, M Carl Cameron	liddle Initial)		Date of Receipt
Mailing Address 285 \	Willowcrest Drive		0 8 1 2 2 0 1 0
City	Stat	'	Transaction ID: SA11AI.8561
Rochester	NY	14618	Amount of Each Receipt this Period
FEC ID number of contri federal political committe			30.00
Name of Employer MVP	VP N	pation Medical Director	
Receipt For:  Primary  Other (specify) ▼	Aggre Aggre	egate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts T			90.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 79 (check only one)    X
or for co	ormation copied from such Reports and St commercial purposes, other than using the IE OF COMMITTEE (In Full) P Health Care Inc. Federal PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Carl	Name (Last, First, Middle Initial) Cameron ng Address 285 Willowcrest Drive	State	Zip Code	Date of Receipt    M
Roo FEC	chester  ID number of contributing ral political committee.	NY C	14618	Amount of Each Receipt this Period 30.00
	eipt For: Primary General Other (specify)		cal Director  e Year-to-Date   510.00	
Carl	Name (Last, First, Middle Initial) Cameron ng Address 285 Willowcrest Drive			Date of Receipt  0 9 0 9 2 0 1 0
FEC	chester  ID number of contributing ral political committee.	State NY	Zip Code 14618	Transaction ID: SA11AI.8563  Amount of Each Receipt this Period  30.00
Nam MVF	e of Employer		n cal Director	
	Primary General Other (specify) ▼		540.00	
Carl	Name (Last, First, Middle Initial) Cameron ng Address 285 Willowcrest Drive			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	chester	State NY	Zip Code 14618	Transaction ID: SA11AI.8564  Amount of Each Receipt this Period
fede	ID number of contributing ral political committee.	Occupation		30.00
	eipt For: Primary General Other (specify) ▼		cal Director  P Year-to-Date ▼  570.00	
SUBTO	TAL of Receipts This Page (optional)		······	90.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 79 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perse name and address of any political committee	son for the purpose of soliciting contributions
/ MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive		Date of Receipt
Walling Address 7725 Majestic Drive		07 01 2010
City	State Zip Code	Transaction ID: SA11AI.8602
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 ▼ 430.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		07 15 YYYY 2010
City	State Zip Code	Transaction ID: SA11AI.8603
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 ▼ 470.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		07 29 2010
City	State Zip Code	Transaction ID: SA11AI.8604
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 ▼ 510.00	
SUBTOTAL of Receipts This Page (optional)	1	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 79 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Liverpool	State Zip Code NY 13090	Transaction ID: SA11AI.8605  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP  Receipt For:  Primary  General	Occupation Regional Network Director  Aggregate Year-to-Date	1
Other (specify)  Full Name (Last, First, Middle Initial)	550.00	Balant Brancia
Patricia Deferio  Mailing Address 7723 Majestic Drive		Date of Receipt    M M
City	State Zip Code	Transaction ID: SA11AI.8606
Liverpool  FEC ID number of contributing federal political committee.	NY 13090	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		09 / 09 / 2010
City Liverpool	State Zip Code NY 13090	Transaction ID: SA11AI.8607
FEC ID number of contributing federal political committee.	NY 13090	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
SUBTOTAL of Receipts This Page (optional)		120.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any pene name and address of any political committee	rson for the purpose of soliciting contributions
/ WIVE Health Care Inc. Federal FAC		
Full Name (Last, First, Middle Initial) Patricia Deferio  Mailing Address 7723 Maiestic Drive		Date of Receipt
Mailing Address 7723 Majestic Drive		09 23 2010
City	State Zip Code	Transaction ID: SA11AI.8608
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 ▼	
Primary General Other (specify) ▼	670.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
Mailing Address 430 Ridgehill Road		07 01 7 2010
City	State Zip Code	Transaction ID: SA11AI.8625
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 ▼	
Primary General Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
Mailing Address 430 Ridgehill Road		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8626
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer MVP	Occupation Treasurer	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	460.00	
CURTOTAL of Possints This Page (entional)		120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perso e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General	State Zip Code NY 12303  C  Occupation Treasurer Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 2 9 2 0 1 0  Transaction ID: SA11AI.8627  Amount of Each Receipt this Period  40.00
Other (specify)  Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road	500.00	Date of Receipt
City Schenectady FEC ID number of contributing federal political committee.	State Zip Code NY 12303	Transaction ID: SA11AI.8628  Amount of Each Receipt this Period  40.00
Name of Employer MVP  Receipt For:  Primary General  Other (specify) ▼	Occupation Treasurer  Aggregate Year-to-Date   540.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady FEC ID number of contributing federal political committee.	State Zip Code NY 12303	Transaction ID: SA11AI.8629  Amount of Each Receipt this Period  40.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation Treasurer  Aggregate Year-to-Date   580.00	
SUBTOTAL of Receipts This Page (optional)		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
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 perename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
۷.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
	Mailing Address 430 Ridgehill Road		09 09 2010
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.8630
	FEC ID number of contributing federal political committee.	C 12303	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation Treasurer	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 620.00	
. –	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
	Mailing Address 430 Ridgehill Road		09 23 7 2010
	City	State Zip Code	Transaction ID: SA11AI.8631
	Schenectady  FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation Treasurer	
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 660.00	
_	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place	9	07 01 2010
	City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.8653  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 ▼ 600.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	140.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the iled Summary Page	Check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may not be state name and address of a	sold or used by any perso 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)  Mark Fish			Date of Receipt
Mailing Address 500 Normanskill Pl	ace		M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O
City Slingerlands	State Zip NY 121	Code	Transaction ID: SA11AI.8654  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer MVP	Occupation EVP Network Ma	anagement	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-		
Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
Mailing Address 500 Normanskill Pl	ace		07 29 2010
City Slingerlands	State Zip NY 121	Code	Transaction ID: SA11AI.8655  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer MVP	Occupation EVP Network Ma	anagement	
Receipt For: Primary General Other (specify)	Aggregate Year-to-		
Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
Mailing Address 500 Normanskill Pl	ace		M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Slingerlands	•	Code 159	Transaction ID: SA11AI.8656
FEC ID number of contributing federal political committee.	C	109	Amount of Each Receipt this Period  60.00
Name of Employer MVP	Occupation EVP Network Ma	anagement	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-		
SUBTOTAL of Receipts This Page (optional			180.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 79 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PA	and Statements may not be sold or used by any perso g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  Mark Fish	N.	Date of Receipt
Mailing Address 500 Normanskill F  City	'lace State Zip Code	0 8 2 6 2 0 1 0  Transaction ID: SA11AI.8657
Slingerlands  FEC ID number of contributing federal political committee.	NY 12159	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation EVP Network Management	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	
Full Name (Last, First, Middle Initial)  Mark Fish  Mailing Address 500 Normanskill F	Place	Date of Receipt
City	State Zip Code	0 9 0 9 2 0 1 0 Transaction ID: SA11AI.8658
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 ▼ 900.00	
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill P	Place	09 / 23 / 2010
City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.8659  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 ▼ 960.00	
SUBTOTAL of Receipts This Page (option	nal)	180.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per le name and address of any political committee	son for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blyd		Date of Receipt
Mailing Address 166 Jordan Blvd		07 30 2010
City	State Zip Code	Transaction ID: SA11AI.8676
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer	Occupation	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	210.00	
Full Name (Last, First, Middle Initial) John Gajewski	<b>'</b>	Date of Receipt
Mailing Address 166 Jordan Blvd		08 13 2010
City	State Zip Code	Transaction ID: SA11Al.8677
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		7
Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) John Gajewski		Date of Receipt
Mailing Address 166 Jordan Blvd		0 8 2 7 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.8678
Delmar	NY 12054	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	.1	60.00

Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City State Delmar NY  FEC ID number of contributing federal political committee.  Name of Employer Occupati	Zip Code 12054	Date of Receipt  Date of Receipt  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Date
MVP Health Care Inc. Federal PAC  Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City State Delmar NY  FEC ID number of contributing federal political committee.  Name of Employer Occupati  Receipt For: Aggrega Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City State Delmar NY  FEC ID number of contributing federal political committee.  Name of Employer Occupati	12054  on e Year-to-Date ▼  270.00  Zip Code	Transaction ID: SA11AI.8679  Amount of Each Receipt this Period  Date of Receipt  M M M / D D A / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
John Gajewski  Mailing Address 166 Jordan Blvd  City State Delmar NY  FEC ID number of contributing federal political committee.  Name of Employer Occupati  Receipt For: Aggrega Other (specify) ▼  Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City State Delmar NY  FEC ID number of contributing federal political committee.  Name of Employer Occupati	12054  on e Year-to-Date ▼  270.00  Zip Code	Transaction ID: SA11AI.8679  Amount of Each Receipt this Period  Date of Receipt  M M M / D D D / Y Y Y Y Y  2010  Transaction ID: SA11AI.8680  Amount of Each Receipt this Period
City Delmar  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary Other (specify)  Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City Delmar  FEC ID number of contributing federal political committee.  Name of Employer  C  C  Aggrega  C  C  C  C  C  Aggrega  C  C  Aggrega  Aggrega  C  C  Aggrega  Aggrega  Aggrega  C  C  Aggrega  Aggrega  Aggrega  Aggrega  Receipt For: Primary  General	12054  on e Year-to-Date ▼  270.00  Zip Code	Date of Receipt    Date of Receipt   Date of Receipt   Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City Delmar  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General  Aggrega	e Year-to-Date ▼  270.00  Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City Delmar FEC ID number of contributing federal political committee.  Name of Employer  Cupati  Aggrega  Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City City Cupati  Capacitate  Capacitate  Receipt For: Primary General  Aggrega	e Year-to-Date ▼  270.00  Zip Code	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  John Gajewski  Mailing Address 166 Jordan Blvd  City  Delmar  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Aggrega  Aggrega  Aggrega	e Year-to-Date ▼  270.00  Zip Code	Transaction ID: SA11AI.8680  Amount of Each Receipt this Period
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd  City State Delmar NY  FEC ID number of contributing federal political committee.  Name of Employer Occupati  Receipt For: Primary General	270.00 Zip Code	Transaction ID: SA11AI.8680  Amount of Each Receipt this Period
John Gajewski Mailing Address 166 Jordan Blvd  City State  Delmar NY  FEC ID number of contributing federal political committee.  Name of Employer Occupati  Receipt For: Aggrega	·	Transaction ID: SA11AI.8680  Amount of Each Receipt this Period
City State  Delmar NY  FEC ID number of contributing federal political committee.  Name of Employer Occupati  Receipt For: Aggrega	·	Transaction ID: SA11AI.8680  Amount of Each Receipt this Period
Delmar  FEC ID number of contributing federal political committee.  Name of Employer  Occupation  Receipt For: Primary  General	·	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  C  Occupati  Receipt For: Primary General  Aggrega	12054	
Receipt For:  Primary  General  General  Aggrega		20.00
Receipt For:  Primary  General  Aggrega		
Primary General	on	
Primary General	e Year-to-Date	
	290.00	
Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		08 26 2010
City State ROchester NY	Zip Code 14607	Transaction ID: SA11AI.8685  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Name of Employer MVP Health Care Occupati	on	
Receipt For:  Primary General  Other (specify) ▼  Aggrega	e Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)		70.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any persename and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dominic Galante  Mailing Address 220 Alexander Street		Date of Receipt  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code NY 14607	Transaction ID: SA11AI.8686
ROchester  FEC ID number of contributing federal political committee.	NY 14607	Amount of Each Receipt this Period  30.00
Name of Employer MVP Health Care  Receipt For: Primary General Other (specify)	Occupation  Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial) Dominic Galante  Mailing Address 220 Alexander Street		Date of Receipt  0 9 2 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.8687
ROchester	NY 14607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Joyce Gallimore		Date of Receipt
Mailing Address 3 Bay Crest Drive		0 9 2 3 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.8701
South Burlington	VT 05403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12.00
Name of Employer MVP	Occupation Administrative	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)		72.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions
. <u>/</u>	MVP Health Care Inc. Federal PAC  Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
-	Mailing Address 8 Wendy Lane		07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City W. Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.8702
	W. Hartford  FEC ID number of contributing federal political committee.	CT 06117	Amount of Each Receipt this Period 45.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 535.00	
. –	Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane		Date of Receipt
	Mailing Address 8 Wendy Lane		07 15 2010
	City	State Zip Code	Transaction ID: SA11AI.8703
	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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 580.00	
	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		07 29 2010
	City	State Zip Code	Transaction ID: SA11AI.8704
	W. Hartford  FEC ID number of contributing federal political committee.	CT 06117	Amount of Each Receipt this Period 45.00
	Name of Employer MVP	Occupation Exec VP	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Ę	SUBTOTAL of Receipts This Page (optional)		135.00

П	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 79 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
A 0	r for commercial purposes, other than using the	Statements may not be sold or used by any personal statements 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		
Α.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane	01-12 7'- 0-12	08 12 2010
	City W. Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.8705  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	
— В.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		08 26 2010
	City	State Zip Code	Transaction ID: SA11AI.8706
	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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	
 C.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		09 / 09 / 2010
	City W. Hartford	State Zip Code CT 06117	Transaction ID: SA11AI.8707  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
	SUBTOTAL of Receipts This Page (optional)		135.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
An	y information copied from such Reports and story commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
<u>/</u>	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		09 / 23 / 2010
	City	State Zip Code	Transaction ID: SA11AI.8708
	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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00	
	Full Name (Last, First, Middle Initial) Bill Geddings	I	Date of Receipt
	Mailing Address 75 Robinwood Drive		0 7 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.8716
	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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
_	Full Name (Last, First, Middle Initial) Bill Geddings	I	Date of Receipt
	Mailing Address 75 Robinwood Drive		07 15 2010
	City	State Zip Code	Transaction ID: SA11AI.8717
	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 Other (specify) ▼	280.00	
		1	85.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 79 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Bill Geddings  Mailing Address 75 Robinwood Drive  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12065  C  Occupation VP Health Services Aggregate Year-to-Date  300.00	Date of Receipt  M M / 29 / 2010  Transaction ID: SA11AI.8718  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12065  C  Occupation VP Health Services  Aggregate Year-to-Date  320.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bill Geddings  Mailing Address 75 Robinwood Drive  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12065  C  Occupation VP Health Services Aggregate Year-to-Date  340.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 8 26 2010  Transaction ID: SA11AI.8720  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 79 (check only one)  X 11a 11b 11c 12
Any information copied from such Reports and or 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 osolicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
Mailing Address 75 Robinwood Drive		09 / 09 / 2010
City	State Zip Code	Transaction ID: SA11Al.8721
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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
Mailing Address 75 Robinwood Drive		0 9 2 3 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8722
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 Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial) Patrick Glavey	1	Date of Receipt
Mailing Address 165 Windemere Road		07 01 YYYYY 2010
City	State Zip Code	Transaction ID: SA11AI.8732
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 ▼	
Primary General Other (specify) ▼	860.00	
		120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sch for each category Detailed Summary	of the
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	atements may not be sold or used name and address of any political c	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
. ∠ 	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road  City	State Zip Code	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Rochester	NY 14610	Transaction ID: SA11AI.8733  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 ▼	40.00
- 3.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.8734
	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 ▼	20.00
. –	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		0 8 1 2 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.8735
	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 ▼	00.00
	SUBTOTAL of Receipts This Page (optional)		240.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
A 0	r for commercial purposes, other than using th	Statements may not be sold or used by any persename and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		08 26 2010
	City Rochester	State Zip Code NY 14610	Transaction ID: SA11AI.8737  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 ▼ 1180.00	
_	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11Al.8738
	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 ▼	
	Primary General Other (specify) ▼	1260.00	
	Full Name (Last, First, Middle Initial) Patrick Glavey	1	Date of Receipt
	Mailing Address 165 Windemere Road		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11Al.8739
	Rochester FEC ID number of contributing federal political committee.	NY 14610	Amount of Each Receipt this Period  80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1340.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	240.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Rep or for commercial purposes, other than NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federa	orts and Statements may not be sold or used by any persusing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initia Denise Gonick Mailing Address 803 Via March City Schenectady FEC ID number of contributing federal political committee.  Name of Employer MVP		Date of Receipt    M M M
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	
Full Name (Last, First, Middle Initia Denise Gonick Mailing Address 803 Via March City Schenectady		Date of Receipt  0 7
FEC ID number of contributing federal political committee.  Name of Employer MVP	Occupation EVP & Chief Legal Officer	70.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	
Full Name (Last, First, Middle Initia Denise Gonick  Mailing Address 803 Via March		Date of Receipt  0 7 2 9 2 0 1 0
City Schenectady FEC ID number of contributing	State Zip Code NY 12303	Transaction ID: SA11AI.8750  Amount of Each Receipt this Period  70.00
federal political committee.  Name of Employer MVP	Occupation EVP & Chief Legal Officer	70.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  950.00	
SUBTOTAL of Receipts This Page (	ptional)	210.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 79 (check only one)    X
Any information copied from such Report or for commercial purposes, other than to NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	ts and Statements may not be sold or used by any personsing the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marche City	State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Schenectady  FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period  70.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation EVP & Chief Legal Officer  Aggregate Year-to-Date   1020.00	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marche	ella	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady FEC ID number of contributing	State Zip Code NY 12303	Transaction ID: SA11AI.8752  Amount of Each Receipt this Period
federal political committee.  Name of Employer MVP	Occupation EVP & Chief Legal Officer	70.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1090.00	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marche	lla.	Date of Receipt
City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.8753  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1160.00	]
SUBTOTAL of Receipts This Page (or	tional)	210.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for com	nation copied from such Reports and St Imercial purposes, other than using the OF COMMITTEE (In Full) Health Care Inc. Federal PAC	tatements may i name and addr	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mailing City	ame (Last, First, Middle Initial) Gonick Godoress 803 Via Marchella	State NY	Zip Code 12303	Date of Receipt  0 9 2 3 2 0 1 0  Transaction ID: SA11AI.8754  Amount of Each Receipt this Period
Name MVP Receip	O number of contributing political committee.  of Employer  ot For:  Primary General  Other (specify)		ief Legal Officer Year-to-Date ▼ 1230.00	70.00
Christo Mailing City Loude	ame (Last, First, Middle Initial) pher Henchey g Address 144 Berry Road  on O number of contributing	State NH	Zip Code 03307	Date of Receipt  M M M O T D D O T 2 0 1 0  Transaction ID: SA11AI.8769  Amount of Each Receipt this Period  80.00
Name MVP Receip	of Employer	Occupation Vice Presi Aggregate	dent Year-to-Date ▼ 1040.00	
Christo Mailing City Loude	ame (Last, First, Middle Initial) opher Henchey g Address 144 Berry Road  On Onumber of contributing	State NH	Zip Code 03307	Date of Receipt  M M M / D D / Y Y Y Y Y  0 7 1 5 2 0 1 0  Transaction ID: SA11AI.8770  Amount of Each Receipt this Period  80.00
Receip	of Employer  ot For:  Primary General  Other (specify)	Occupation Vice Presi Aggregate	dent Year-to-Date ▼ 1120.00	
SUBTO	AL of Receipts This Page (optional)		<b>)</b>	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 35 / 79 (check only one)    X
\ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \.	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road	Ohata Zin Oada	07 29 2010
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.8771  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 ▼ 1200.00	
- 3.	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt
	Cit.	Chata Zin Cada	08 12 2010
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.8772  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 ▼ 1280.00	
_	Full Name (Last, First, Middle Initial) Christopher Henchey	<u> </u>	Date of Receipt
	Mailing Address 144 Berry Road		0 8 2 6 Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.8773
	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 ▼ 1360.00	
	SUBTOTAL of Receipts This Page (optional)		240.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road  City Loudon  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General	State Zip Code NH 03307  C  Occupation Vice President  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 9 / 2 0 1 0  Transaction ID: SA11AI.8774  Amount of Each Receipt this Period  80.00
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road  City Loudon  FEC ID number of contributing federal political committee.  Name of Employer MVP	State Zip Code NH 03307  C	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive	Vice President  Aggregate Year-to-Date ▼  1520.00	Date of Receipt
City Fairport  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14450  C  Occupation VP Information Technology  Aggregate Year-to-Date   390.00	Transaction ID: SA11AI.8820  Amount of Each Receipt this Period  30.00
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	190.00

SCHEDULE A (FECI ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from suc or for commercial purposes, other NAME OF COMMITTEE (In	er than using the name and	may not be sold or used by any pers address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
MVP Health Care Inc. Fe	,		
Full Name (Last, First, Middle Kevin Husted			Date of Receipt
Mailing Address 38 Fox H  City	lill Drive State	Zip Code	0 7 1 5 2 0 1 0  Transaction ID: SA11AI.8821
<u>Fairport</u>	NY	14450	Amount of Each Receipt this Period
FEC ID number of contributir federal political committee.			30.00
Name of Employer MVP	Occupa VP Inf	ation ormation Technology	7
Receipt For:  Primary Gene Other (specify) ▼	Aggreo	gate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Kevin Husted	e Initial)		Date of Receipt
Mailing Address 38 Fox H	lill Drive		07 29 7 2010
City	State	'	Transaction ID: SA11Al.8822
Fairport	NY	14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupa VP Inf	ation ormation Technology	
Receipt For:  Primary Gene  Other (specify) ▼		gate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Kevin Husted	e Initial)		Date of Receipt
Mailing Address 38 Fox H	lill Drive		08 12 2010
City	State	•	Transaction ID: SA11AI.8823
<u>Fairport</u>	NY	14450	Amount of Each Receipt this Period
FEC ID number of contributin federal political committee.	C		30.00
Name of Employer MVP	Occupa VP Inf	ation ormation Technology	
Receipt For:  Primary Gene  Other (specify) ▼		yate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This P	I		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Husted  Mailing Address 38 Fox Hill Drive  City Fairport  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14450  C  Occupation VP Information Technology  Aggregate Year-to-Date   510.00	Date of Receipt  M M A Z 6 Z 0 1 0  Transaction ID: SA11AI.8824  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) Kevin Husted  Mailing Address 38 Fox Hill Drive  City Fairport  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14450  C  Occupation VP Information Technology  Aggregate Year-to-Date   540.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Kevin Husted  Mailing Address 38 Fox Hill Drive  City Fairport  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14450  C  Occupation VP Information Technology  Aggregate Year-to-Date   570.00	Date of Receipt  M M / D D / Y Y Y Y Y  2 0 1 0  Transaction ID: SA11AI.8826  Amount of Each Receipt this Period  30.00
SUBTOTAL of Receipts This Page (optional)	<b></b>	90.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ <b>A</b> .	Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave			Date of Receipt
	City Albany	State NY	Zip Code 12208	Transaction ID: SA11AI.8834  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer	C	n	40.00
	Receipt For:  Primary General  Other (specify) ▼	,	e Year-to-Date ▼ 430.00	
3.	Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave	<u> </u>		Date of Receipt  0 7 1 6 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.8835
	Albany FEC ID number of contributing federal political committee.	C	12208	Amount of Each Receipt this Period 40.00
	Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 470.00	]
	Full Name (Last, First, Middle Initial) Dawn Jablonski			Date of Receipt
	Mailing Address 213 Hansen Ave			07 30 7 2010
	City Albany	State NY	Zip Code 12208	Transaction ID: SA11AI.8836
	FEC ID number of contributing federal political committee.	C	12200	Amount of Each Receipt this Period 40.00
	Name of Employer	Occupation	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 510.00	
	SUBTOTAL of Receipts This Page (optional)			120.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 79 (check only one)    X   11a
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	tatements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave  City Albany  FEC ID number of contributing federal political committee.  Name of Employer	State NY C	Zip Code 12208	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave  City Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary Other (specify)	State NY  C  Occupation  Aggregate	Zip Code 12208	Date of Receipt  M M M / D D / Y Y Y Y Y  O 8 2 7 2 0 1 0  Transaction ID: SA11AI.8838  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave  City Albany  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State NY  C  Occupation  Aggregate	Zip Code 12208  n  Year-to-Date ▼ 630.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.8839  Amount of Each Receipt this Period  40.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		•	120.00

City Albany FEC ID number of contributing federal political committee.  Name of Employer    C		SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Full Name (Last, First, Middle Initial) Dawn Jabionski Mailing Address 213 Hansen Ave  City State Zip Code Albany NY 12208  FEC ID number of contributing federal political committee.  Name of Employer  Primary General Other (specify) ▼  City State Zip Code NY 10930  Full Name (Last, First, Middle Initial)  Joseph Lia Mailing Address 12 Sutherland Drive  City State Zip Code Highland Mills NY 10930  FEC ID number of contributing federal political committee.  Name of Employer    Occupation	7	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Albany  NY 12208  FEC ID number of contributing federal political committee.  Name of Employer    Date of Receipt For:	<b>∠</b> <b>x</b> .	Full Name (Last, First, Middle Initial)  Dawn Jablonski  Mailing Address 213 Hansen Ave	State	7in Code	09 / 24 / 2010
Name of Employer    Receipt For:		Albany FEC ID number of contributing	NY	•	Amount of Each Receipt this Period
Primary General Other (specify) ▼ 670.00  Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive  City State Zip Code Highland Mills NY 10930  FEC ID number of contributing federal political committee.  Name of Employer		Name of Employer		on	
Mailing Address 12 Sutherland Drive  City Highland Mills NY 10930  FEC ID number of contributing federal political committee.  Name of Employer WVP  Primary Other (specify)  City State Zip Code NY 10930  Amount of Each Receipt this Period  FEC ID number of Contributing Other (specify)  City State Zip Code NY 10930  Date of Receipt  Aggregate Year-to-Date  Date of Receipt  Transaction ID: SA11AI.8886  Amount of Each Receipt this Period  Date of Receipt  Date of Receipt  Transaction ID: SA11AI.8886  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AI.8887  Amount of Each Receipt  Date of Receipt  Transaction ID: SA11AI.8887  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer MVP  Occupation VP of Mid-Hudson Region  Receipt For: Primary General Other (specify)  Aggregate Year-to-Date   Aggregate Year-		Primary General	Aggregate	<del></del>	]
City Highland Mills NY 10930  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼  City State Zip Code NY 10930  Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive  City State Zip Code Highland Mills NY 10930  FEC ID number of contributing federal political committee.  City State Zip Code Highland Mills NY 10930  FEC ID number of contributing federal political committee.  Name of Employer MVP  Occupation NY 10930  FEC ID number of contributing federal political committee.  Name of Employer MVP  Occupation VP of Mid-Hudson Region  Name of Employer MVP Aggregate Year-to-Date ▼	- 3.	Joseph Lia			M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:		•		·	Transaction ID: SA11AI.8886
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive  City State Zip Code Highland Mills NY 10930  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:  Occupation VP of Mid-Hudson Region  Aggregate Year-to-Date ▼  Transaction ID: SA11AI.8887  Amount of Each Receipt this Period  Occupation VP of Mid-Hudson Region  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼		FEC ID number of contributing		10930	
Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive  City State Zip Code Highland Mills NY 10930  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Occupation VP of Mid-Hudson Region  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  100 000		Name of Employer MVP			
Mailing Address 12 Sutherland Drive  City State Zip Code Highland Mills  NY 10930  FEC ID number of contributing federal political committee.  Name of Employer MVP  Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼  And Date of Receipt  N M M / D D / 2 0 1 0  Transaction ID: SA11AI.8887  Amount of Each Receipt this Period  30.00		Primary General		e Year-to-Date ▼	
City Highland Mills NY 10930  FEC ID number of contributing federal political committee.  Name of Employer MVP  Occupation VP of Mid-Hudson Region  Receipt For: Primary Other (specify) ▼  Aggregate Year-to-Date  0 7 1 5 2 0 1 0  Transaction ID: SA11AI.8887  Amount of Each Receipt this Period  30.00		Joseph Lia			Date of Receipt
Highland Mills  FEC ID number of contributing federal political committee.  Name of Employer MVP  Name of Employer MVP  Primary General Other (specify) ▼  Amount of Each Receipt this Period  30.00  Amount of Each Receipt this Period  30.00  420.00					07 15 2010
Name of Employer  Name of Employer  No Ccupation  VP of Mid-Hudson Region  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date  420.00		•		•	
Receipt For:  Primary  Other (specify)   Aggregate Year-to-Date   420.00			C		30.00
Primary General Other (specify) ▼  420.00		Name of Employer MVP			
100.00		Primary General	Aggregate	1 1 1 1 1 1 1	
SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			100.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 79 (check only one)    X   11a
or for	information copied from such Reports and St r commercial purposes, other than using the AME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC	tatements may name and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
F. J. M. J. M. C. H. F. fee	ull Name (Last, First, Middle Initial) oseph Lia lailing Address 12 Sutherland Drive lity lighland Mills EC ID number of contributing ederal political committee.  ame of Employer	State NY C Occupation	Zip Code 10930	Date of Receipt  M M M / 29 / 2010  Transaction ID: SA11AI.8888  Amount of Each Receipt this Period  30.00
	eceipt For: Primary General Other (specify)		Year-to-Date ▼ 450.00	
3. <u>Jo</u> M	ull Name (Last, First, Middle Initial) oseph Lia lailing Address 12 Sutherland Drive ity	State	Zip Code	Date of Receipt    M
<u>H</u> F fe	Fighland Mills  EC ID number of contributing ederal political committee.	NY	10930	Amount of Each Receipt this Period  30.00
_	eceipt For: Primary General Other (specify)	. '	n d-Hudson Region Year-to-Date ▼ 480.00	
). <u>J</u>	ull Name (Last, First, Middle Initial) oseph Lia lailing Address 12 Sutherland Drive			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Ŀ	ity lighland Mills EC ID number of contributing	State NY	Zip Code 10930	Transaction ID: SA11AI.8890  Amount of Each Receipt this Period  30.00
fe	ame of Employer	Occupation VP of Mic	n d-Hudson Region	30.00
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 510.00	
SUE	BTOTAL of Receipts This Page (optional)		)	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 79 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
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  Receipt For:	State Zip Code NY 10930  C  Occupation VP of Mid-Hudson Region Aggregate Year-to-Date	Date of Receipt    M M M
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Joseph Lia  Mailing Address 12 Sutherland Drive  City	State Zip Code	Date of Receipt    M M M
Highland Mills  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:	Occupation VP of Mid-Hudson Region Aggregate Year-to-Date	Amount of Each Receipt this Period  30.00
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street	570.00	Date of Receipt  0 7 0 1 2 0 1 0
City Binghamton  FEC ID number of contributing federal political committee.	State Zip Code NY 13905	Transaction ID: SA11AI.8894  Amount of Each Receipt this Period  30.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation VP Southern  Aggregate Year-to-Date   390.00	
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 79 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street  City Binghamton  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:	State Zip Code NY 13905  C  Occupation VP Southern  Aggregate Year-to-Date ▼	Date of Receipt  0 7 15 2010  Transaction ID: SA11AI.8895  Amount of Each Receipt this Period  30.00
Primary General Other (specify)  Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street	420.00	Date of Receipt
City Binghamton FEC ID number of contributing	State Zip Code NY 13905	Transaction ID: SA11AI.8896  Amount of Each Receipt this Period  30.00
Receipt For: Primary  General	Occupation VP Southern Aggregate Year-to-Date ▼	
Other (specify) ▼  Full Name (Last, First, Middle Initial) Leonard Lindenmuth  Mailing Address 33 Oak Street	450.00	Date of Receipt
City Binghamton FEC ID number of contributing federal political committee.	State Zip Code NY 13905	Transaction ID: SA11AI.8897  Amount of Each Receipt this Period  0.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation VP Southern  Aggregate Year-to-Date   450.00	
SUBTOTAL of Receipts This Page (optional) .		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 79 (check only one)    X
or f	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>1.</b>	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	State Zip Code NY 13905  C Occupation VP Southern	Date of Receipt  M M M O 9 O 9 2 0 1 0  Transaction ID: SA11AI.8898  Amount of Each Receipt this Period  0.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
3.	Full Name (Last, First, Middle Initial) William V. Little  Mailing Address 300 Partridge Lane  City	State Zip Code	Date of Receipt  0 7  0 1  Transaction ID: SA11AI.8900
	Charlotte  FEC ID number of contributing federal political committee.  Name of Employer	VT 05445  C Occupation	Amount of Each Receipt this Period  30.00
	MVP Servicė Córp.  Receipt For:  Primary General  Other (specify) ▼	VP Vermont Aggregate Year-to-Date ▼ 390.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) William V. Little  Mailing Address 300 Partridge Lane		Date of Receipt  0 7 1 5 2 0 1 0
	City Charlotte FEC ID number of contributing	State Zip Code VT 05445	Transaction ID: SA11AI.8901  Amount of Each Receipt this Period  30.00
	federal political committee.  Name of Employer MVP Service Corp.	Occupation VP Vermont	30.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
SI	UBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 79 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William V. Little  Mailing Address 300 Partridge Lane  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary Other (specify)	State Zip Code VT 05445  C  Occupation VP Vermont  Aggregate Year-to-Date ▼  450.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 2 9 2 0 1 0  Transaction ID: SA11AI.8902  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) William V. Little  Mailing Address 300 Partridge Lane  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary General Other (specify)	State Zip Code VT 05445  C  Occupation VP Vermont  Aggregate Year-to-Date  480.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 8 1 2 2 0 1 0  Transaction ID: SA11AI.8903  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) William V. Little  Mailing Address 300 Partridge Lane  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary General Other (specify)	State Zip Code VT 05445  C  Occupation VP Vermont  Aggregate Year-to-Date   510.00	Date of Receipt  M M C 26 2010  Transaction ID: SA11AI.8904  Amount of Each Receipt this Period  30.00
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William V. Little  Mailing Address 300 Partridge Lane  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary General Other (specify)	State Zip Code VT 05445  C  Occupation VP Vermont  Aggregate Year-to-Date   540.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 9 / 2 0 1 0  Transaction ID: SA11AI.8905  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) William V. Little  Mailing Address 300 Partridge Lane  City Charlotte  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary General Other (specify)	State Zip Code VT 05445  C  Occupation VP Vermont  Aggregate Year-to-Date   570.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 9 23 2010  Transaction ID: SA11AI.8906  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon  Mailing Address 1330 Park Avenue  City Rochester  FEC ID number of contributing federal political committee.  Name of Employer MVP Service Corp.  Receipt For: Primary General Other (specify)	State Zip Code NY 14610  C  Occupation VP of Network Operations  Aggregate Year-to-Date   500.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 0 1 2 0 1 0  Transaction ID: SA11AI.8935  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<b>)</b>	560.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 79 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.  Mailing Address 19 Crimson Way  City Webster  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14580  C  Occupation VP, Underwriting and Analysis Aggregate Year-to-Date   520.00	Date of Receipt  M M O T O 1 2 0 1 0  Transaction ID: SA11AI.8936  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.  Mailing Address 19 Crimson Way  City Webster  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14580  C  Occupation VP, Underwriting and Analysis  Aggregate Year-to-Date   560.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 15 2010  Transaction ID: SA11AI.8937  Amount of Each Receipt this Period  40.00
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way  City Webster  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 14580  C  Occupation VP, Underwriting and Analysis Aggregate Year-to-Date  600.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.  Mailing Address 19 Crimson Way  City Webster  FEC ID number of contributing federal political committee.	State Zip Code NY 14580	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation VP, Underwriting and Analysis  Aggregate Year-to-Date ▼  640.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.  Mailing Address 19 Crimson Way		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
City	State Zip Code	Transaction ID: SA11AI.8940
Webster FEC ID number of contributing federal political committee.	NY 14580	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		0 9 0 9 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.8941
Webster FEC ID number of contributing federal political committee.	NY 14580	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  720.00	
SUBTOTAL of Receipts This Page (optional)		120.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Ì	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.  Mailing Address 19 Crimson Way		Date of Receipt
		Chata Zia Cada	09 23 2010
	City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.8942  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	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	
- В.	Full Name (Last, First, Middle Initial) Augusta Martin	1	Date of Receipt
	Mailing Address 457 Crescent Ave		08 26 2010
	City	State Zip Code	Transaction ID: SA11AI.8947
	Saratoga	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00	
с. С.	Full Name (Last, First, Middle Initial) Augusta Martin	1	Date of Receipt
	Mailing Address 457 Crescent Ave		09 / 09 / 2010
	City	State Zip Code	Transaction ID: SA11AI.8948
	Saratoga  FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period  30.00
	Name of Employer	Occupation	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
	SUBTOTAL of Receipts This Page (optional) .		100.00
	TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 79 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from such Repo or for commercial purposes, other than NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal	rts and Statements may not be sold or used by any personal statements and address of any political committee to PAC	on for the purpose of soliciting contributions of solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent A		Date of Receipt    M M M
Saratoga FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period 30.00
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  270.00	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Driv	e	Date of Receipt  0 7 0 1 2 0 1 0
City Rochester  FEC ID number of contributing federal political committee.	State Zip Code NY 14626	Transaction ID: SA11AI.8958  Amount of Each Receipt this Period  40.00
Name of Employer MVP  Receipt For: Primary General Other (specify)	Occupation VP, Business Excellence Aggregate Year-to-Date ▼  520.00	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Driv	e	Date of Receipt  0 7 1 5 2 0 1 0
City Rochester FEC ID number of contributing	State Zip Code NY 14626	Transaction ID: SA11AI.8959  Amount of Each Receipt this Period  40.00
federal political committee.  Name of Employer MVP	Occupation VP, Business Excellence	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
SUBTOTAL of Receipts This Page (or	otional)	110.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 79 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
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 perse e 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		
ب ۸.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		07 29 2010
	City	State Zip Code NY 14626	Transaction ID: SA11AI.8960
	Rochester FEC ID number of contributing federal political committee.	NY 14626	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
 3.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		08 12 2010
	City	State Zip Code	Transaction ID: SA11AI.8961
	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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
 ;.	Full Name (Last, First, Middle Initial) Laurie Metheny	1	Date of Receipt
	Mailing Address 21 Joellen Drive		0 8 2 6 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.8962
	Rochester FEC ID number of contributing	NY 14626	Amount of Each Receipt this Period 40.00
	federal political committee.		10.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	
			120.00

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 11
or fo	information copied from such Reports and S or commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
. <u>l</u>	Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt
_	Mailing Address 21 Joellen Drive			09 09 2010
	City Rochester	State NY	Zip Code 14626	Transaction ID: SA11AI.8963  Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C		40.00
<u>1</u>	Name of Employer MVP	Occupation VP, Busin	ness Excellence	
F	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 720.00	
. <u>l</u>	Full Name (Last, First, Middle Initial) .aurie Metheny			Date of Receipt
N	Mailing Address 21 Joellen Drive			09 23 2010
	Dity	State	Zip Code	Transaction ID: SA11AI.8964
- F	Rochester FEC ID number of contributing ederal political committee.	C	14626	Amount of Each Receipt this Period 40.00
1	Name of Employer MVP	Occupation VP, Busin	ness Excellence	
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 760.00	
	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
N	Mailing Address 54 Henderson Road			07 01 YYYY 2010
	Dity	State	Zip Code	Transaction ID: SA11AI.8973
F	Glenmont	C	12077	Amount of Each Receipt this Period 50.00
<u>1</u>	Name of Employer MVP	Occupation EVP, HR		
F	Receipt For:  Primary  General  Other (specify)		Year-to-Date ▼ 650.00	
	BTOTAL of Receipts This Page (optional)	1		130.00

	for each category of the Detailed Summary Page	(check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)  James Morrill  Mailing Address 54 Henderson Road		Date of Receipt
City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.8974  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation EVP, HR  Aggregate Year-to-Date ▼  700.00	
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road		Date of Receipt  0 7 2 9 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.8975
Glenmont  FEC ID number of contributing federal political committee.	NY 12077	Amount of Each Receipt this Period  50.00
Name of Employer MVP	Occupation EVP, HR	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		0 8 1 2 2 0 1 0
City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.8976
FEC ID number of contributing federal political committee.	C 12077	Amount of Each Receipt this Period  50.00
Name of Employer MVP	Occupation EVP, HR	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
SUBTOTAL of Receipts This Page (optional	)	150.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
•	Full Name (Last, First, Middle Initial)  James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		08 26 2010
	City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.8978  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	
	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		M M / D D / Y Y Y Y Y O D O D O D O D O D O D O D O
	City	State Zip Code	Transaction ID: SA11AI.8979
	Glenmont	NY 12077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	900.00	
	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		09 23 2010
	City	State Zip Code	Transaction ID: SA11AI.8980
	Glenmont  FEC ID number of contributing federal political committee.	NY 12077	Amount of Each Receipt this Period 50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	950.00	
	SUBTOTAL of Receipts This Page (optional)	1	150.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 56 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
nny information copied from such Reports and r for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any penen name and address of any political committee	rson for the purpose of soliciting contributions
/ WIVE Health Care Inc. Federal FAC		
Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond I	Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9006
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Director of Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond I	Drive	08 12 2010
City	State Zip Code	Transaction ID: SA11AI.9007
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Director of Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	230.00	
Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
Mailing Address 71 East Claremond I	Drive	08 26 2010
City	State Zip Code	Transaction ID: SA11AI.9008
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Director of Finance	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 57 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any pe name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Odorizzi  Mailing Address 71 East Claremond D	rive	Date of Receipt  O 9  D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9009
Voorheesville FEC ID number of contributing federal political committee.	NY 12186	Amount of Each Receipt this Period  20.00
Name of Employer MVP  Receipt For: Primary General Other (specify)	Occupation Director of Finance  Aggregate Year-to-Date   270.00	
Full Name (Last, First, Middle Initial) Richard Odorizzi  Mailing Address 71 East Claremond D		Date of Receipt    M
City	State Zip Code	Transaction ID: SA11AI.9010
<u>Voorheesville</u>	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Director of Finance	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
Full Name (Last, First, Middle Initial) David Orlando	1	Date of Receipt
Mailing Address 3 Clare Castle		07 / 01 / Y Y Y Y
City Albany	State Zip Code NY 12205	Transaction ID: SA11AI.9011  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 12205	30.00
Name of Employer MVP	Occupation Corp VP of Operations	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
SUBTOTAL of Receipts This Page (optional) .		70.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 79 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Orlando  Mailing Address 3 Clare Castle  City Albany  FEC ID number of contributing federal political committee.  Name of Employer MVP	State Zip Code NY 12205  C Occupation	Date of Receipt  M M M D D D Y Y Y Y Y Y  O 7 15 2010  Transaction ID: SA11AI.9012  Amount of Each Receipt this Period  30.00
Receipt For:  Primary General  Other (specify) ▼	Corp VP of Operations  Aggregate Year-to-Date ▼  420.00	
Full Name (Last, First, Middle Initial)  David Orlando  Mailing Address 3 Clare Castle		Date of Receipt  0 7
City	State Zip Code	Transaction ID: SA11AI.9013
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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		0 8 1 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9014
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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional)		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u>/</u> A.	Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City	State Zip Code	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Albany FEC ID number of contributing federal political committee.	NY 12205	Amount of Each Receipt this Period 30.00
	Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation Corp VP of Operations Aggregate Year-to-Date ▼  510.00	
 B.	Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt  0 9 0 9 2 0 1 0
	City Albany FEC ID number of contributing federal political committee.	State Zip Code NY 12205	Transaction ID: SA11AI.9016  Amount of Each Receipt this Period  30.00
	Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	Occupation Corp VP of Operations  Aggregate Year-to-Date   540.00	1
	Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Albany FEC ID number of contributing	State Zip Code NY 12205	Transaction ID: SA11AI.9017  Amount of Each Receipt this Period  30.00
	Name of Employer MVP	Occupation Corp VP of Operations	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
s	SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 79 (check only one)    X   11a
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAG	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Donald Rahn Mailing Address 931 Northumberlan City Niskayuna	nd Dr. State Zip Code NY 12309	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	20.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  210.00	
Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street		Date of Receipt  0 7 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9098
Schenectady	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP of E Business	7
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
Mailing Address 625 State Street		07 15 7 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.9099
Schenectady FEC ID number of contributing federal political committee.	NY 12047	Amount of Each Receipt this Period  20.00
Name of Employer MVP	Occupation VP of E Business	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
SURTOTAL of Receipts This Page (ention	al)	60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 79 (check only one)    X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street  City Schenectady  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary General Other (specify)	State Zip Code NY 12047  C  Occupation VP of E Business  Aggregate Year-to-Date  300.00	Date of Receipt  0 7 29 2010  Transaction ID: SA11AI.9100  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Ellen Runyon  Mailing Address 625 State Street  City  Schenectady  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For:  Primary General Other (specify)	State Zip Code NY 12047  C  Occupation VP of E Business  Aggregate Year-to-Date  320.00	Date of Receipt  M M M D D Z Z D 1 D  Transaction ID: SA11AI.9101  Amount of Each Receipt this Period  20.00
Full Name (Last, First, Middle Initial)  Ellen Runyon  Mailing Address 625 State Street  City  Schenectady  FEC ID number of contributing federal political committee.  Name of Employer  MVP  Receipt For:  Primary General Other (specify)	State Zip Code NY 12047  C  Occupation VP of E Business  Aggregate Year-to-Date  340.00	Date of Receipt  M M M 26 2010  Transaction ID: SA11AI.9102  Amount of Each Receipt this Period  20.00
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 62 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial  NAME OF CC	opied from such Reports and Sta purposes, other than using the r MMITTEE (In Full) Care Inc. Federal PAC	atements may name and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (La: Ellen Runyon Mailing Addres  City Schenectad	est, First, Middle Initial) es 625 State Street  Ver of contributing I committee.	State NY  C Occupation VP of E E Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary Other (s	General pecify) ▼	r iggi ogalo	360.00	
B. Ellen Runyon Mailing Addres  City Schenectad	ss 625 State Street	State NY	Zip Code 12047	Date of Receipt    M M
Name of Empl MVP Receipt For:	oyer  General	Occupation VP of E E Aggregate		20.00
	est, First, Middle Initial) ss 24 Bluestone Ridge		8 8 8 8 8 8	Date of Receipt  0 7 0 2 2 0 1 0
City Clifton Park FEC ID number federal politica	er of contributing I committee.	State NY	Zip Code 12065	Transaction ID: SA11AI.9105  Amount of Each Receipt this Period  30.00
Receipt For: Primary Other (s	oyer  General  pecify) ▼	Occupation Aggregate	Year-to-Date ▼ 390.00	
SUBTOTAL of F	Receipts This Page (optional)			70.00

SCHEDULE A (I	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 79 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from for commercial purpose NAME OF COMMITTED MVP Health Care	es, other than using the name and EE (In Full)	may not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First Thomas Ryan	State NY  ntributing ittee.  C  Aggree	12065	Date of Receipt  M M M / D D / Y Y Y Y Y  O 7 1 6 2 0 1 0  Transaction ID: SA11AI.9106  Amount of Each Receipt this Period  30.00
Full Name (Last, First Thomas Ryan Mailing Address 24 City Clifton Park FEC ID number of co federal political comm	, Middle Initial)  Bluestone Ridge  State NY  ntributing ittee.  Occupa	12065 ation	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)  Full Name (Last, First Thomas Ryan Mailing Address 24  City Clifton Park  FEC ID number of co federal political comm  Name of Employer	General  , Middle Initial)  Bluestone Ridge  State NY  ntributing	12065	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify)	Aggreç General	gate Year-to-Date ▼ 480.00	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 79 (check only one)    X   11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thomas Ryan  Mailing Address 24 Bluestone Ridge  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 12065  C  Occupation  Aggregate Year-to-Date ▼  510.00	Date of Receipt  M M M / D D / Y Y Y Y Y  2 0 1 0  Transaction ID: SA11AI.9109  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) Thomas Ryan  Mailing Address 24 Bluestone Ridge  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 12065  C  Occupation  Aggregate Year-to-Date ▼  540.00	Date of Receipt  M M M / D D / 2010  Transaction ID: SA11AI.9110  Amount of Each Receipt this Period  30.00
Full Name (Last, First, Middle Initial) Thomas Ryan  Mailing Address 24 Bluestone Ridge  City Clifton Park  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code NY 12065  C Occupation  Aggregate Year-to-Date ▼  570.00	Date of Receipt  M M / D D / 2 4 2 0 1 0  Transaction ID: SA11AI.9111  Amount of Each Receipt this Period  30.00
SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue	Ctata Zin Coda	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saratoga Springs	State Zip Code NY 12866	Transaction ID: SA11AI.9112  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Daniel Sauer  Mailing Address 160 Fifth Avenue		Date of Receipt
Cit.	Charles 7:- Condo	07 15 2010
City <u>Saratoga Springs</u>	State Zip Code NY 12866	Transaction ID: SA11AI.9113  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		07 29 YYYYY 2010
City	State Zip Code NY 12866	Transaction ID: SA11AI.9114
Saratoga Springs  FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period  30.00
Name of Employer MVP	Occupation VP Sales	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
Ai	y information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Daniel Sauer  Mailing Address 160 Fifth Avenue		Date of Receipt
	Too Fifth Avenue		08 12 2010
	City	State Zip Code	Transaction ID: SA11AI.9115
	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) ▼	480.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		08 / 26 / 2010
	City	State Zip Code	Transaction ID: SA11AI.9116
	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) ▼	510.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		09 / 09 / 2010
	City	State Zip Code	Transaction ID: SA11AI.9117
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	540.00	
			90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 79 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9118
Saratoga Springs  FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period  30.00
Name of Employer MVP	Occupation VP Sales	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive		Date of Receipt  0 7 0 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9169
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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	]
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		07 15 7 2010
City	State Zip Code NY 14624	Transaction ID: SA11AI.9170
Rochester  FEC ID number of contributing federal political committee.	NY 14624	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation VP, Sales	
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	
SUBTOTAL of Receipts This Page (optional) .		110.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 / 79   (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
Mailing Address 33 Everett Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State NY	Zip Code	Transaction ID: SA11AI.9171
Rochester  FEC ID number of contributing federal political committee.	C	14624	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupatio VP, Sale		
Receipt For:  Primary General  Other (specify) ▼	<del></del>	e Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
Mailing Address 33 Everett Drive			0 8 1 2 2 0 1 0
City Rochester	State NY	Zip Code 14624	Transaction ID: SA11AI.9172
FEC ID number of contributing federal political committee.	C	14024	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupatio VP, Sale		
Receipt For:  Primary General  Other (specify) ▼	<del>-   ' - '</del>	e Year-to-Date ▼ 550.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
Mailing Address 33 Everett Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Rochester	State NY	Zip Code 14624	Transaction ID: SA11AI.9173
FEC ID number of contributing federal political committee.	C	14024	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupatio VP, Sale		
Receipt For:  Primary  General  Other (specify) ▼		Year-to-Date ▼ 590.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		120.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PA	and Statements may not be sold or used by any person g the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive  City Rochester FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:	State Zip Code NY 14624  C  Occupation VP, Sales  Aggregate Year-to-Date ▼	Date of Receipt  M M O O O O O O O O O O O O O O O O O
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott	630.00	Date of Receipt
City Rochester  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For: Primary  General	State Zip Code NY 14624  C  Occupation VP, Sales  Aggregate Year-to-Date	Transaction ID: SA11AI.9176  Amount of Each Receipt this Period  40.00
Other (specify) ▼  Full Name (Last, First, Middle Initial) John Vangraafeiland  Mailing Address 85 Pinehurst Place  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Middletown  FEC ID number of contributing federal political committee.  Name of Employer MVP  Receipt For:	CT 06457  C Occupation CIO  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 40.00
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (option	430.00 hal)	120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 79 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	d Statements mathe name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place			Date of Receipt
City <u>Middletown</u>	State CT	Zip Code 06457	0 7 1 5 2 0 1 0  Transaction ID: SA11AI.9199  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	C	n	40.00
Name of Employer MVP  Receipt For:  Primary General  Other (specify) ▼	CIO	e Year-to-Date ▼ 470.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9200
Middletown	CT	06457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP	Occupatio CIO		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 510.00	
Full Name (Last, First, Middle Initial) John Vangraafeiland	•		Date of Receipt
Mailing Address 85 Pinehurst Place			08 12 2010
City	State	Zip Code	Transaction ID: SA11AI.9201
Middletown  FEC ID number of contributing federal political committee.	C	06457	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupatio CIO	n	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)	)		120.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(separate schedule) for each category of the Detailed Summary Page	(Crieck Grilly Grie)
A 0	for commercial purposes, other than using the	tatements may not be sold or used by any name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) John Vangraafeiland  Mailing Address 85 Pinehurst Place		Date of Receipt
			08 26 2010
	City Middletown	State Zip Code CT 06457	Transaction ID: SA11AI.9202
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation CIO	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 590.00	
-	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		09 09 2010
	City	State Zip Code	Transaction ID: SA11AI.9203
	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) ▼	630.00	
_	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		0 9 2 3 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.9204
	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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	
	SUPTOTAL of Pagainte This Paga (antional)		120.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 79 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court			Date of Receipt
City Clifton Park FEC ID number of contributing	State NY	Zip Code 12065	Transaction ID: SA11AI.9206  Amount of Each Receipt this Period
Name of Employer MVP  Receipt For:	<del> </del>	n e Counsel e Year-to-Date ▼	30.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Shanon Vollmer		390.00	Date of Receipt
Mailing Address 30 Wilton Court  City  Clifton Park  FEC ID number of contributing federal political committee.	State NY	Zip Code 12065	Transaction ID: SA11AI.9208  Amount of Each Receipt this Period  30.00
Name of Employer MVP  Receipt For: Primary General Other (specify)	<del>-                                     </del>	e Counsel e Year-to-Date ▼ 420.00	]
Full Name (Last, First, Middle Initial) Shanon Vollmer  Mailing Address 30 Wilton Court			Date of Receipt  0 7 2 9 2 0 1 0
City Clifton Park FEC ID number of contributing federal political committee.	State NY	Zip Code 12065	Transaction ID: SA11AI.9209  Amount of Each Receipt this Period  30.00
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼		e Counsel e Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional	)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any person name and address of any political committee to	
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
Mailing Address 30 Wilton Court		08 12 2010
City	State Zip Code	Transaction ID: SA11AI.9210
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 ▼	1
Primary General Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
Mailing Address 30 Wilton Court		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9211
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 ▼ 510.00	
Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
Mailing Address 30 Wilton Court		09 09 / Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9212
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 ▼ 540.00	
SUBTOTAL of Receipts This Page (optional)	<b></b>	90.00

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

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 74 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17		
A o	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
	MVP Health Care Inc. Federal PAC					
۹.	Full Name (Last, First, Middle Initial) Shanon Vollmer			Date of Receipt		
	Mailing Address 30 Wilton Court	Ctata	7:n Codo	09 23 2010		
	City Clifton Park	State NY	Zip Code 12065	Transaction ID: SA11AI.9213  Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		30.00		
	Name of Employer MVP	Occupation Associated	on re Counsel			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 570.00			
 3.	Full Name (Last, First, Middle Initial) Tracey Welch			Date of Receipt		
	Mailing Address 134 Thornberry Lane			08 13 YYYY 2010		
	City	State	Zip Code	Transaction ID: SA11AI.9247		
	Rensselaer	NY	12144	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer	Occupation	on			
	Receipt For:	Aggregate	e Year-to-Date			
	Primary General Other (specify) ▼		220.00			
- :.	Full Name (Last, First, Middle Initial) Tracey Welch			Date of Receipt		
	Mailing Address 134 Thornberry Lane			0 8 2 7 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.9248		
	Rensselaer FEC ID number of contributing federal political committee.	C	12144	Amount of Each Receipt this Period  20.00		
	Name of Employer	Occupation	on			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00			
		_I		70.00		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 79 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Tracey Welch Mailing Address 134 Thornberry Lane			Date of Receipt  0 9 1 0 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.9249
	Rensselaer	NY	12144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupation	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00	
_ 3.	Full Name (Last, First, Middle Initial) Tracey Welch Mailing Address 134 Thornberry Lane			Date of Receipt
	Mailing Address 134 Mornberry Larie			09 24 2010
	City	State NY	Zip Code	Transaction ID: SA11AI.9250
	Rensselaer FEC ID number of contributing federal political committee.	C	12144	Amount of Each Receipt this Period  20.00
	Name of Employer	Occupation	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
- :.	Full Name (Last, First, Middle Initial) Peter Whitehouse			Date of Receipt
'•	Mailing Address 16 Oak Hill Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9255
	Loudon	NH	03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupation	n	
	Receipt For:  Primary  General  Other (specify)	Aggregate	e Year-to-Date ▼ 210.00	
	SUBTOTAL of Receipts This Page (optional)		<b>)</b>	70.00
	TOTAL This Period (last page this line number of	only)		

A.

В.

#### SCHEDULE A (FEC Form 3X)

PAGE 76 / 79 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Date of Receipt Peter Whitehouse Mailing Address 16 Oak Hill Drive 09 09 2010 City State Zip Code Transaction ID: SA11AI.9256 Loudon NH 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ General Primary 240.00 Other (specify) Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 0 9 23 2010 City Transaction ID: SA11AI.9257 State Zip Code Loudon NH 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date

270.00

SUBTOTAL of Receipts This Page (optional)	•	60.00
TOTAL This Period (last page this line number only)	<b>•</b>	8337.00

Primary

Other (specify)

General

# SCHEDIII E B (FEC Form 3Y)

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s)	R LINE NUMBER: PAGE 77 / 79
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	eck only one)  21b
Any Information copied from such Reports and State or for commercial purposes, other than using the r		
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) BASS VICTORY COMMITTEE		Transaction ID: SB23.9329 Date of Disbursement
Mailing Address PO Box 3451 PO Box 3451		0 9 M / D 1 3 / Y 2 0 1 0 Y
City Concord	State Zip Code NH 03302	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	011	
Candidate Name CHARLES F. BASS	Catego Type	
Office Sought:  X House Senate President State: NH District: 02	ursement For: 2010  X Primary General  Other (specify) ▼	
Full Name (Last, First, Middle Initial) BASS VICTORY COMMITTEE		Transaction ID: SB23.9315 Date of Disbursement
Mailing Address PO Box 3451 PO Box 3451		099 / 14 / Y 2010
City Concord	State Zip Code NH 03302	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution Candidate Name CHARLES F. BASS	011 Catego	ory/
	Type ursement For: 2010  X Primary General Other (specify) ▼	
Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE		Transaction ID: SB23.9311 Date of Disbursement
Mailing Address PO BOX 233		088 / 02 / 42010
City NASHUA	State Zip Code NH 03061	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	011	4000.00
Candidate Name KELLY A AYOTTE	Catego Type	
Office Sought:  House X Senate President State: NH District: 00	ursement For: 2010 Primary X General Other (specify) ▼	
SUBTOTAL of Disbursements This Page (option	nal)	6000.00
TOTAL This Period (last page this line number of	only)	<b>•</b>

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER:	PAGE 78/79
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only one)  21b 22 X 23 27 28a 28	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name	,	, , , , , , , , , , , , , , , , , , , ,	S .
NAME OF COMMITTEE (In Full)			
MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial)		Transaction	ID: SB23.9316
SCOTT MURPHY FOR CONGRESS		Date of Disb	ursement
Mailing Address 615 Glen Street		09 9 /	24 / 2010
City Glens Falls	State Zip Code NY 12801	Amount of E	ach Disbursement this Period
Purpose of Disbursement Campaign contribution	Г	011	500.00
Candidate Name SCOTT MURPHY FOR CONGRESS	C	Category/ Type	
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify)		
State: NY District: 20	***************************************		

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	500.00
TOTAL This Period (last page this line number only)	•	6500.00

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

(Use separate schedule(s)

PAGE 79 / 79 FOR LINE NUMBER:

		_	_	_	-		-	_	_	_	
_											
	,,		10		~	4		^	an	•	

Excluding Loans		for each numbered line)	(check only one)	9 X 10
NAME OF COMMITTEE (In Full)	<u> </u>			
MVP Health Care Inc. Federal PAC				
A. Full Name (Last, First, Middle Initial) of Debto Deluxe Business Checks	r or Creditor	Nature of I Check Pr	Debt (Purpose): inting	
Mailing Address P.O. Box 742572				
City State Cincinnati OH	ZIP Code 45274			
Outstanding Balance Beginning This Period		Tra	ansaction ID: SD10.4	1163
145.00				
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of	This Period
0.00	0.00			145.00
B. Full Name (Last, First, Middle Initial) of Debtor Media Well Done	r or Creditor	Nature of I Advertisi	Debt (Purpose):	
Mailing Address 96 Jay Street				
City State Schenectady NY	ZIP Code 12305			
Outstanding Balance Beginning This Period		Tra	ansaction ID: SD10.4	165
338.00				
Amount Incurred This Period	Payment This Period	Outstand	ing Balance at Close of	This Period
0.00	0.00			338.00
<ol> <li>SUBTOTALS This Period This Page (optional).</li> <li>TOTALS This Period (last page this line number</li> </ol>	only)		483	
<ul><li>3) TOTAL OUTSTANDING LOANS from Schedu</li><li>4) ADD 2) and 3) and carry forward to appropriate</li></ul>	line of Summary Page (last page only)	_	483	