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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines MVP Health Care Inc. Federal PAC 625 State Street ADDRESS (number and street) Check if different than previously Schenectady NY 12305 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00431429 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Special (30S) Post -Election General (30G) Report for the: Termination Report (TER) in the 02 2010 NY 11 Election on State of 10 14 2010 22 2010 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Frank Fanshawe Type or Print Name of Treasurer Electronically Filed by Mr. Frank Fanshawe 04 2 1 2011 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

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MVP Health Care Inc. Federal PAC 1 0 14 2010 22 2010 11 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2010[°] 36764.84 January 1 (b) Cash on Hand at 43615.34 Begining of Reporting Period 4927.00 42825.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 48542.34 79589.84 6(a) and 6(c) for Column B) 8000.00 39047.50 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 40542.34 40542.34 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

For further information contact:

483.00

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

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

10. Debts and Obligations owed the committee (Itemize all on

Schedule C and/or Schedule D)

DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period:

From:

D D 14

2010

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Y Y Y Y 2 0 1 0

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

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Dispursements	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committeesand Other Political Committees	8000.00	39000.00
. Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	30.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	30.00
. Other Disbursements	0.00	17.50
Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8000.00	39047.50
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		=
from Line 31)	8000.00	39047.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	4927.00	42825.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	30.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4927.00	42795.00
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	nd Statements may not be sold or used by any person the 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) Carl Cameron Mailing Address 285 Willowcrest Dr	ive	Date of Receipt
City Rochester	State Zip Code NY 14618	Transaction ID: SA11AI.9514 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	30.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	VP Medical Director Aggregate Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Dr	ive	Date of Receipt 1 1 0 4 2 0 1.0
City	State Zip Code	1 1 0 4 2 0 1 0 Transaction ID: SA11AI.9515
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Dr	ive	Date of Receipt
City	State Zip Code	1 1 1 8 2 0 1 0 Transaction ID: SA11AI.9516
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
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 9 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	and Statements may not be sold or used by any persor g the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 212 Meriline Ave. City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Inc Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation Clinical Pharmacist Aggregate Year-to-Date 220.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 212 Meriline Ave. City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Inc Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation Clinical Pharmacist Aggregate Year-to-Date 240.00	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) Laura Davis Mailing Address 212 Meriline Ave. City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Inc Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation Clinical Pharmacist Aggregate Year-to-Date 260.00	Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (option	nal)	60.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee t	son for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Maiestic Drive		Date of Receipt
Mailing Address 7723 Majestic Drive		10 21 2010
City	State Zip Code	Transaction ID: SA11AI.9532
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) ▼	750.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9533
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Regional Network Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	790.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		M M / D D / Y Y Y Y Y Y 1 1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9534
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) ▼	830.00	
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 11 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any perso 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) 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 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road	740.00	Date of Receipt
City Schenectady FEC ID number of contributing federal political committee.	State Zip Code NY 12303	Transaction ID: SA11AI.9542 Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Treasurer Aggregate Year-to-Date 780.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt M M / D D / 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.9543 Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Treasurer Aggregate Year-to-Date 820.00	
SUBTOTAL of Receipts This Page (optional)	>	120.00

Any information copied from such Reports and Statements may not for commercial purposes, other than using the name and addrest NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State Slingerlands NY FEC ID number of contributing federal political committee. Name of Employer MVP Coccupation EVP, CFO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State Slingerlands NY FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Cuty Coccupation EVP, CFO Aggregate Ye Aggregate Ye Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State NY Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State State NY State Slingerlands State NY	zip Code 12159 Zip Code 12159 Zip Code 12159	Date of Receipt Date of Receipt Transaction ID: SA11AI.9554 Amount of Each Receipt this Period Date of Receipt Date of Receipt Amount of Each Receipt this Period Transaction ID: SA11AI.9555 Amount of Each Receipt this Period 60.00
Mark Fish Mailing Address 500 Normanskill Place City State Slingerlands NY FEC ID number of contributing federal political committee. Name of Employer MVP Occupation EVP, CFO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State Slingerlands NY FEC ID number of contributing federal political committee. Name of Employer MVP Occupation EVP, CFO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State State Occupation EVP, CFO Aggregate Ye Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State	12159 ear-to-Date ▼ 1080.00 Zip Code	Transaction ID: SA11AI.9554 Amount of Each Receipt this Period Date of Receipt M M M O D D O O O O O O O O O O O O O O
Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State NY FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Occupation EVP, CFO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State State State NY C State Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State	12159 ear-to-Date ▼ 1080.00 Zip Code	Date of Receipt M M M D D D 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	ear-to-Date ▼ 1080.00 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
Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State State C State C City State State State State State State State State	1080.00 Zip Code	Transaction ID: SA11AI.9555 Amount of Each Receipt this Period
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State Slingerlands NY FEC ID number of contributing federal political committee. Name of Employer MVP Occupation EVP, CFO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State	1080.00 Zip Code	Transaction ID: SA11AI.9555 Amount of Each Receipt this Period
Mark Fish Mailing Address 500 Normanskill Place City State Slingerlands NY FEC ID number of contributing federal political committee. Name of Employer MVP Occupation EVP, CFO Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State	•	Transaction ID: SA11AI.9555 Amount of Each Receipt this Period
Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State	•	Transaction ID: SA11AI.9555 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	12159	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place Occupation EVP, CFO Aggregate Ye Aggregate Ye State		60.00
Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State		
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City State		
Mark Fish Mailing Address 500 Normanskill Place City State	ear-to-Date ▼ 1140.00	
Mailing Address 500 Normanskill Place City State		Date of Receipt
•		1 1 1 8 2 0 1 0
Slingerlands NY	Zip Code	Transaction ID: SA11AI.9556
	12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		60.00
Name of Employer MVP Occupation EVP, CFO		
Receipt For: Primary General Other (specify) ▼ Aggregate Ye	ear-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	5X)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports or for commercial purposes, other than using	and Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA		,,,	
Full Name (Last, First, Middle Initial) John Gajewski			Date of Receipt
Mailing Address 166 Jordan Blvd			M M / D D / Y Y Y Y Y 1 1 0 2 2 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.9563
Delmar FEC ID number of contributing federal political committee.	C	12054	Amount of Each Receipt this Period 20.00
Name of Employer MVP Health Care	Occupation Director		7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) John Gajewski			Date of Receipt
Mailing Address 166 Jordan Blvd			1 1 0 5 2 0 1 0
City Delmar	State NY	Zip Code 12054	Transaction ID: SA11AI.9564
FEC ID number of contributing federal political committee.	C	12034	Amount of Each Receipt this Period 20.00
Name of Employer MVP Health Care	Occupation Director		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) John Gajewski			Date of Receipt
Mailing Address 166 Jordan Blvd			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.9565
Delmar FEC ID number of contributing federal political committee.	C	12054	Amount of Each Receipt this Period 20.00
Name of Employer MVP Health Care	Occupation Director		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 370.00	
SUBTOTAL of Receipts This Page (optio	nal)		60.00

City State Zip Code Rochester NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Primary General Other (specify) ▼ City State Zip Code NY 14607 Amount of Each Receipt this Perior Receipt For: Primary General Other (specify) ▼ State Zip Code NY 14607 Date of Receipt NY 14607 Date of Receipt Transaction ID: SA11Al.9568 Amount of Each Receipt this Perior Date of Receipt NY 14607 Transaction ID: SA11Al.9568 Amount of Each Receipt this Perior NY 14607 Transaction ID: Sa11Al.9568 Amount of Each Receipt this Perior Date of Receipt NY 14607 Transaction ID: Sa11Al.9568 Amount of Each Receipt this Perior Aggregate Year-to-Date ▼ NY 14607 Date of Receipt Transaction ID: Sa11Al.9568 Amount of Each Receipt this Perior Date of Receipt Transaction ID: Sa11Al.9568 Amount of Each Receipt this Perior Date of Receipt NY 14607 Date of Receipt Transaction ID: Sa11Al.9568 Amount of Each Receipt this Perior Transaction ID: Sa11Al.9568 Amount of Each Receipt this Perior Date of Receipt Transaction ID: Sa11Al.9568 Amount of Each Receipt this Perior	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A. A. A. Date of Receipt Date of Receip	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A. Dominic Galante Mailing Address 220 Alexander Street City State Zip Code Rochester NY 14607 FEC ID number of contributing federal political committee. Name of Employer MP Health Care Primary General Other (specify) ▼	1 \		
City State Zip Code Rochester NY 14607 FEC ID number of contributing federal political committee. Name of Employer MP Health Care Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Date of Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dominic Galante Name of Employer NP Medical Quality Management Receipt For: Primary General Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ Transaction ID: SA11Al.9567 Amount of Each Receipt this Perior Transaction ID: SA11Al.9567 Amount of Each Receipt this Perior Aggregate Year-to-Date ▼ Primary General Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City State Zip Code NY Health Care Primary General Other (specify) ▼ State Zip Code NY 14607 Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City State Zip Code NY 14607 Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City State Zip Code NY 14607 Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City State Zip Code NY 14607 Full Name (Last, First, Middle Initial) Dominic Galante Aggregate Year-to-Date ▼ Transaction ID: SA11Al.9568 Amount of Each Receipt this Perior 30.0	,		Date of Receipt
Rochester			10 21 2010
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care		•	
Receipt For:	FEC ID number of contributing		30.00
Receipt For: Primary	Name of Employer MVP Health Care		
Dominic Galante Mailing Address 220 Alexander Street City State Zip Code NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Primary General Other (specify) ▼ City State Zip Code NY 14607 Cocupation VP Medical Quality Management Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City State Zip Code NY 14607 FEC ID number of contributing federal political committee. Name of Employer NVP Health Care Primary General Other (specify) ▼ Cocupation NY 14607 FEC ID number of contributing federal political committee. Name of Employer NVP Medical Quality Management Receipt For: Primary General Occupation NP Medical Quality Management Aggregate Year-to-Date ▼ Transaction ID: SA11AI.9568 Amount of Each Receipt this Perior 30.0	Primary General	Aggregate Year-to-Date ▼ 330.00	
City State Zip Code NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City State Zip Code NY 14607 Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City State Zip Code NY 14607 FEC ID number of contributing federal political committee. Name of Employer NY 14607 FEC ID number of contributing federal political committee. Name of Employer NY Medical Quality Management Receipt For: Primary General Primary	,		Date of Receipt
Rochester NY 14607 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼ City State Zip Code Rochester FEC ID number of contributing federal political committee. City State Zip Code Rochester NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Name of Employer MVP Health Care Receipt For: Primary General Occupation VP Medical Quality Management Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Transaction ID: SA11AI.9568 Amount of Each Receipt this Period Amount of Each Receipt this Period Transaction ID: SA11AI.9568 Amount of Each Receipt this Period Amount of Each Receipt this	Mailing Address 220 Alexander Street		
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City State Zip Code Rochester NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Name of Employer MVP Health Care Receipt For: Primary General Occupation VP Medical Quality Management Receipt For: Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	•	•	Transaction ID: SA11Al.9567
Receipt For:		NY 14607	Amount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date ▼		C	30.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dominic Galante Mailing Address 220 Alexander Street City State Zip Code Rochester NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Neceipt For: Primary General 360.00 Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Name of Employer MVP Health Care	·	
Dominic Galante Mailing Address 220 Alexander Street City State Zip Code Rochester NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Date of Receipt M M M M 1 1 1 8 2 0 1 Transaction ID: SA11AI.9568 Amount of Each Receipt this Period 30.0	Primary General		
City State Zip Code Rochester NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Primary General State Zip Code Transaction ID: SA11Al.9568 Amount of Each Receipt this Period 30.0			Date of Receipt
Rochester NY 14607 Amount of Each Receipt this Period 30.0 Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Occupation VP Medical Quality Management Receipt For: Primary General Aggregate Year-to-Date ▼	Mailing Address 220 Alexander Street		
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Occupation VP Medical Quality Management Receipt For: Primary General Aggregate Year-to-Date ▼	•	·	
MVP Health Care VP Medical Quality Management Receipt For: Primary General VP Medical Quality Management Aggregate Year-to-Date □ Primary General	FEC ID number of contributing		Amount of Each Receipt this Period 30.00
Receipt For: Aggregate Year-to-Date ▼ Primary General	Name of Employer MVP Health Care	· ·	
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	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 15 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any or f	r information copied from such Reports and S or commercial purposes, other than using the	statements may not be sold or used by any personame and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
- I \	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Joyce Gallimore		Date of Receipt
	Mailing Address 3 Bay Crest Drive	7.0.1	10 21 2010
	City South Burlington	State Zip Code VT 05403	Transaction ID: SA11AI.9572
	FEC ID number of contributing federal political committee.	C 03403	Amount of Each Receipt this Period 12.00
•	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	
	Full Name (Last, First, Middle Initial) Joyce Gallimore		Date of Receipt
	Mailing Address 3 Bay Crest Drive		1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.9573
	South Burlington FEC ID number of contributing federal political committee.	VT 05403	Amount of Each Receipt this Period 12.00
•	Name of Employer MVP	Occupation Administrative	
-	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	
	Full Name (Last, First, Middle Initial) Joyce Gallimore		Date of Receipt
	Mailing Address 3 Bay Crest Drive		1 1 1 8 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.9574
	South Burlington FEC ID number of contributing federal political committee.	VT 05403	Amount of Each Receipt this Period 12.00
•	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 258.00	
		I	36.00

	EDULE A (FEC Form 3X) IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 1
or for co	rmation copied from such Reports and Sommercial purposes, other than using the IE OF COMMITTEE (In Full) P Health Care Inc. Federal PAC	Statements may e 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.
Al Ga Maili City	ng Address 8 Wendy Lane	State	Zip Code	Date of Receipt 10 21 2010 Transaction ID: SA11AI.9575
FEC	Hartford ID number of contributing ral political committee.	CT	06117	Amount of Each Receipt this Period 45.00
	e of Employer sipt For: Primary General Other (specify)	Occupation Exec VP Aggregate	Year-to-Date ▼ 895.00]
Bill G	Name (Last, First, Middle Initial) Reddings Reddings Reddings Reddings 75 Robinwood 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.9579
<u>Clift</u>	on Park	NY	12065	Amount of Each Receipt this Period
fede	ID number of contributing ral political committee.	С		20.00
Nam MVF	e of Employer	Occupation VP Healt	n h Services	
Rece	eipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 420.00	
Bill G	Name (Last, First, Middle Initial) Geddings ng Address 75 Robinwood Drive			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: SA11AI.9580
FEC	on Park ID number of contributing ral political committee.	C	12065	Amount of Each Receipt this Period 20.00
Nam MVF	e of Employer	Occupation VP Healt	n h Services	_
Rece	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 440.00	
SURTO	DTAL of Receipts This Page (optional)			85.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	fc	se separate schedule(s) or each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 17 / 53 (check only one) X
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not name and address	be sold or used by any perso of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ . .	Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive	Ctata	7:a Coda	Date of Receipt 1 1 1 8 2 0 1 0
	City Clifton Park	State NY	Zip Code 12065	Transaction ID: SA11AI.9581 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer MVP	Occupation VP Health Se		
	Receipt For: Primary General Other (specify)	Aggregate Yea		
3.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road			Date of Receipt
	City	State	Zip Code	10 21 2010
	Rochester	NY	14610	Transaction ID: SA11AI.9585 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 Yea		
_	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
•	Mailing Address 165 Windemere Road			1 1 0 4 2 0 1 0
	City	State	Zip Code	Transaction ID: SA11AI.9586
	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	e Products	7
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea		
	SUBTOTAL of Receipts This Page (optional)			180.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 11
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) Patrick Glavey Mailing Address 165 Windemere Ro. City Rochester	ad State Zip Code NY 14610	Date of Receipt M M M
FEC ID number of contributing federal political committee. Name of Employer MVP	C	80.00
Receipt For: Primary General Other (specify)	VP, Medicare Products Aggregate Year-to-Date ▼ 1660.00	
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.9588 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 ▼ 1370.00	
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		11 04 2010
City <u>Schenectady</u>	State Zip Code NY 12303	Transaction ID: SA11AI.9589 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 ▼ 1440.00	
SUBTOTAL of Receipts This Page (optional)	220.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 53 (check only one) X 11a 11b 11c 12
	Statements may not be sold or used by any personal he name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
Mailing Address 803 Via Marchella		1 1 1 1 8 2 0 1 0
City	State Zip Code NY 12303	Transaction ID: SA11AI.9590
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 70.00
Name of Employer MVP	Occupation EVP & Chief Legal Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1510.00	
Full Name (Last, First, Middle Initial) Michael Greppo		Date of Receipt
Mailing Address 134 Overlook Lane		10 21 7 2010
City	State Zip Code	Transaction ID: SA11AI.9591
<u>Duanesburg</u>	NY 12056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation IT Ombudsman	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Michael Greppo		Date of Receipt
Mailing Address 134 Overlook Lane		1 1 0 4 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.9592
Duanesburg	NY 12056	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation IT Ombudsman	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
CURTOTAL of Descints This Days (actions)		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 20 / 53 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress 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) Michael Greppo			Date of Receipt
Mailing Address 134 Overlook Lane	1 1 1 8 2 0 1 0		
City	State NY	Zip Code	Transaction ID: SA11AI.9593
Duanesburg FEC ID number of contributing federal political committee.	C	12056	Amount of Each Receipt this Period
Name of Employer MVP	Occupation IT Ombu		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Christopher Henchey			Date of Receipt
Mailing Address 144 Berry Road			1 0 2 1 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.9597
Loudon FEC ID number of contributing	NH C	03307	Amount of Each Receipt this Period 80.00
federal political committee.			
Name of Employer MVP	Occupation Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1680.00	
Full Name (Last, First, Middle Initial) Christopher Henchey			Date of Receipt
Mailing Address 144 Berry Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Loudon	State NH	Zip Code 03307	Transaction ID: SA11AI.9598
FEC ID number of contributing federal political committee.	C	00007	Amount of Each Receipt this Period 80.00
Name of Employer MVP	Occupation Vice Pres		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1760.00	
SUBTOTAL of Receipts This Page (optional	\		170.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 53 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		M M / D D / Y Y Y Y Y 1 1 1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9599
Loudon	NH 03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1840.00	
Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Drive		1 1 0 5 / 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.9607
Schenectady	NY 12306	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) ▼	240.00	
Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood 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.9608
Schenectady	NY 12306	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	
		120.00

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

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Kevin Husted Mailing Address 38 Fox Hill Drive		Date of Receipt
City	State Zip Code	1 0 2 1 2 0 1 0 Transaction ID: SA11AI.9618
Fairport	NY 14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Information Technology	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
Mailing Address 38 Fox Hill Drive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9619
<u>Fairport</u>	NY 14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Information Technology	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	_
Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
Mailing Address 38 Fox Hill Drive		M M / D D / Y Y Y Y Y 1 1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9620
<u>Fairport</u>	NY 14450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Information Technology	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
SUBTOTAL of Receipts This Page (optional)		90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 53 (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	tatements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
Mailing Address 213 Hansen Ave		10 22 2010
City	State Zip Code	Transaction ID: SA11AI.9624
Albany	NY 12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial)		Data of Daggint
Dawn Jablonski Mailing Address 213 Hansen Ave		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.9625
Albany	NY 12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 790.00	
Full Name (Last, First, Middle Initial) Dawn Jablonski	<u> </u>	Date of Receipt
Mailing Address 213 Hansen Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9626
Albany	NY 12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP Health Care	Occupation VP of Legal Affairs	1
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 830.00	
SUBTOTAL of Receipts This Page (optional)	·····	120.00

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 53 (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 NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) William John		Date of Receipt
	Mailing Address 5 Sonat Road		10 21 2010
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9630 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
– В.	Full Name (Last, First, Middle Initial) William John Mailing Address 5 Sonat Road	ı	Date of Receipt
	walling Address 5 Sonat Road		11 04 7 2010
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9631 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
с. С.	Full Name (Last, First, Middle Initial) William John	1	Date of Receipt
	Mailing Address 5 Sonat Road		M M / D D / Y Y Y Y Y 1 1 1 1 8 2 0 1 0
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9632 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
	SUBTOTAL of Receipts This Page (optional) .		30.00
	TOTAL This Period (last page this line number	•	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 53 (check only one) X 11a 11b 11c 12	
	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt	
Mailing Address 12 Sutherland Drive City	State Zip Code	1 0 2 1 2 0 1 0 Transaction ID: SA11AI.9645	
Highland Mills	NY 10930	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00	
Name of Employer MVP	Occupation VP of Mid-Hudson Region		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		
Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt	
Mailing Address 12 Sutherland Drive		11 04 YYYY 2010	
City	State Zip Code	Transaction ID: SA11AI.9646	
Highland Mills	NY 10930	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00	
Name of Employer MVP	Occupation VP of Mid-Hudson Region		
Receipt For: Primary General	Aggregate Year-to-Date ▼ 660.00		
Other (specify)	000.00		
Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt	
Mailing Address 12 Sutherland Drive		11 18 2010	
City	State Zip Code	Transaction ID: SA11AI.9647	
Highland Mills	NY 10930	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00	
Name of Employer MVP	Occupation VP of Mid-Hudson Region		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00		
CURTOTAL of Descints This Days (actional)		90.00	

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

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 53 (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 persor the name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		M M / D D / Y Y Y Y Y 1 1 0 2 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9663
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	
Full Name (Last, First, Middle Initial)		Date of Descirt
Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt M M
City	State Zip Code	Transaction ID: SA11AI.9664
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		M M / D D / Y Y Y Y Y 1 1 1 1 8 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9665
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	
CURTOTAL of Descript This Descript in) >	120.00

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the	statements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
•	Full Name (Last, First, Middle Initial) Augusta Martin Mailing Address 457 Crescent Ave		Date of Receipt
	Maining Address 457 Crescent Ave		11 04 2010
	City	State Zip Code	Transaction ID: SA11AI.9667
	Saratoga	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care	Occupation VP Marketing	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	330.00	
-	Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
	Mailing Address 457 Crescent Ave		1 1 1 8 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.9669
	Saratoga	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care	Occupation VP Marketing	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	360.00	
	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		10 21 2010
	City	State Zip Code	Transaction ID: SA11AI.9677
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	840.00	
	NUDTOTAL of Descripto This Days (self-see)		100.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 11
0	r 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	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۷.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		111 04 2010
	City Rochester	State Zip Code NY 14626	Transaction ID: SA11AI.9678 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 ▼ 880.00	
	Full Name (Last, First, Middle Initial) Laurie Metheny	I	Date of Receipt
	Mailing Address 21 Joellen Drive		11 1 18 2010
	City Rochester	State Zip Code NY 14626	Transaction ID: SA11AI.9679
	FEC ID number of contributing federal political committee.	C 14020	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 ▼ 920.00	
. –	Full Name (Last, First, Middle Initial) Donna Michele		Date of Receipt
	Mailing Address 24 Kraus Road		10 21 2010
	City Albany	State Zip Code NY 12203	Transaction ID: SA11AI.9680 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Γ	SUBTOTAL of Receipts This Page (optional) .		90.00

Any information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	ements may not be sold or used barne and address of any political c	y any person for the purpose of soliciting contributions
WIVE Health Care Inc. Federal PAC		ómmittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Donna Michele Mailing Address 24 Kraus Road City Albany	State Zip Code NY 12203	Date of Receipt M M M / D D M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 10.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Administrative Aggregate Year-to-Date 2	20.00
Full Name (Last, First, Middle Initial) Donna Michele Mailing Address 24 Kraus Road		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.9682
Albany FEC ID number of contributing federal political committee.	NY 12203	Amount of Each Receipt this Period 10.00
Name of Employer MVP	Occupation Administrative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	30.00
Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		10 / 21 / 2010
City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.9683 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 ▼	50.00
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 33 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any pe e name and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road		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
Clarmont	State Zip Code NY 12077	Transaction ID: SA11AI.9684
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 Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) James Morrill Mailing Address 54 Henderson Road		Date of Receipt M
City	State Zip Code	Transaction ID: SA11AI.9685
Glenmont	NY 12077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation EVP, HR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	
Full Name (Last, First, Middle Initial) Kari Mysliwiec	1	Date of Receipt
Mailing Address 1 Vitucci Ct		10 22 2010
City	State Zip Code	Transaction ID: SA11AI.9686
Cohoes	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care	Occupation Actuary Supervisor	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	0
		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 34 / 53 (check only one) X
or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Kari Mysliwiec		Date of Receipt
Mailing Address 1 Vitucci Ct		11 05 2010
City	State Zip Code	Transaction ID: SA11AI.9687
Cohoes	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care	Occupation Actuary Supervisor	7
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	220.00	
Full Name (Last, First, Middle Initial) Kari Mysliwiec		Date of Receipt
Mailing Address 1 Vitucci Ct		M M / D D / Y Y Y Y Y Y 1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9688
Cohoes	NY 12047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care	Occupation Actuary Supervisor	7
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	Drive	10 21 2010
City	State Zip Code	Transaction ID: SA11AI.9695
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) ▼	330.00	
		40.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 53 (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	g 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) Richard Odorizzi Mailing Address 71 East Claremon	d Drive		Date of Receipt
City Voorheesville FEC ID number of contributing	State NY	Zip Code 12186	Transaction ID: SA11AI.9696 Amount of Each Receipt this Period 20.00
Receipt For: Primary Other (specify)	Occupation Director	n of Finance Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremon	d Drive		Date of Receipt 1 1 1 1 8 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.9697
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	n of Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 370.00	
Full Name (Last, First, Middle Initial) David Orlando			Date of Receipt
Mailing Address 3 Clare Castle			10 21 2010
City	State	Zip Code	Transaction ID: SA11AI.9698
Albany FEC ID number of contributing federal political committee.	C	12205	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation Corp VP	n of Operations	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 630.00	
SUBTOTAL of Receipts This Page (option	nal)		70.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS	for each	arate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 36 / 53 (check only one) X
Any in	formation copied from such Reports and commercial purposes, other than using the	Statements may not be sold name and address of any	I or used by any perso political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NA	ME OF COMMITTEE (In Full) VP Health Care Inc. Federal PAC	•	'	
	II Name (Last, First, Middle Initial)			Date of Receipt
_	illing Address 3 Clare Castle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit		State Zip Co	de	Transaction ID: SA11AI.9699
<u>Al</u>	bany	NY 12205		Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		30.00
Na M\	me of Employer /P	Occupation Corp VP of Operati	ons	
Re	ceipt For: Primary General	Aggregate Year-to-Date		
	Other (specify)	0 0 0 0	000.00	
Da	ll Name (Last, First, Middle Initial) vid Orlando			Date of Receipt
Ma	iling Address 3 Clare Castle			11 1 18 2010
Cit		State Zip Co	de	Transaction ID: SA11AI.9700
<u>Al</u>	bany	NY 12205		Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		30.00
Na M\	me of Employer /P	Occupation Corp VP of Operati	ons	
Re	ceipt For:	Aggregate Year-to-Da	te ▼	
	Primary General Other (specify) ▼		690.00	
	Il Name (Last, First, Middle Initial) erret Patterson			Date of Receipt
Ma	illing Address 285 Pinebrook Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit	у	State Zip Co	de	Transaction ID: SA11AI.9701
<u>H</u>)	/de Park	NY 12538		Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		10.00
Na M\	me of Employer /P	Occupation Regional Sales Ma	nager	
Re	ceipt For:	Aggregate Year-to-Date	te 🔻	
	Primary General Other (specify) ▼		210.00	
				70.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 53 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any personal 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) Everret Patterson Mailing Address 285 Pinebrook 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 Hyde Park	State Zip Code NY 12538	Transaction ID: SA11AI.9702 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Receipt For: Primary General	Occupation Regional Sales Manager Aggregate Year-to-Date ▼	
Other (specify) ▼	220.00	
Full Name (Last, First, Middle Initial) Everret Patterson Mailing Address 285 Pinebrook Drive		Date of Receipt 1 1 1 9 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9703
Hyde Park FEC ID number of contributing federal political committee.	NY 12538	Amount of Each Receipt this Period
Name of Employer MVP	Occupation Regional Sales Manager	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Donald Rahn		Date of Receipt
Mailing Address 931 Northumberland	Dr.	10 22 2010
City	State Zip Code	Transaction ID: SA11AI.9719
Niskayuna FEC ID number of contributing federal political committee.	NY 12309	Amount of Each Receipt this Period 20.00
Name of Employer MVP Health Care	Occupation Assoc. Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		40.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any per e name 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) Donald Rahn		Date of Receipt
	Mailing Address 931 Northumberland I		11 05 2010
	City <u>Niskayuna</u>	State Zip Code NY 12309	Transaction ID: SA11AI.9720 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP Health Care	Occupation Assoc. Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
 3.	Full Name (Last, First, Middle Initial) Donald Rahn		Date of Receipt
	Mailing Address 931 Northumberland I	Or.	11 19 2010
	City	State Zip Code NY 12309	Transaction ID: SA11AI.9721
	Niskayuna FEC ID number of contributing federal political committee.	NY 12309	Amount of Each Receipt this Period 20.00
	Name of Employer MVP Health Care	Occupation Assoc. Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00	
_ :	Full Name (Last, First, Middle Initial) Aneli Rivera-Platt		Date of Receipt
	Mailing Address 215 Dunrovin Lane		10 22 YYYY 2010
	City	State Zip Code NY 14618	Transaction ID: SA11AI.9731
	Rochester FEC ID number of contributing federal political committee.	NY 14618	Amount of Each Receipt this Period 10.00
	Name of Employer MVP	Occupation HR Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Γ	SUBTOTAL of Receipts This Page (optional) .	1	50.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16
An	y information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any per name 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		
•	Full Name (Last, First, Middle Initial) Aneli Rivera-Platt		Date of Receipt
	Mailing Address 215 Dunrovin Lane		11 05 7 2010
	City	State Zip Code	Transaction ID: SA11AI.9732
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP	Occupation HR Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
	Full Name (Last, First, Middle Initial) Aneli Rivera-Platt		Date of Receipt
	Mailing Address 215 Dunrovin Lane		11 19 / 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.9733
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP	Occupation HR Director	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	230.00	
	Full Name (Last, First, Middle Initial) Ellen Runyon	I	Date of Receipt
	Mailing Address 625 State Street		10 21 2010
	City	State Zip Code	Transaction ID: SA11AI.9737
	Schenectady	NY 12047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation VP of E Business	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00	
	UBTOTAL of Receipts This Page (optional)		40.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) 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	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		,,,	
Full Name (Last, First, Middle Initial) Ellen Runyon			Date of Receipt
Mailing Address 625 State Street			M M / D D / Y Y Y Y Y 1 1 1 0 4 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.9738
Schenectady FEC ID number of contributing federal political committee.	C	12047	Amount of Each Receipt this Period 20.00
Name of Employer MVP	Occupatio VP of E I		7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) Ellen Runyon			Date of Receipt
Mailing Address 625 State Street			1 1 1 8 2 0 1 0
City Schenectady	State NY	Zip Code	Transaction ID: SA11AI.9739
FEC ID number of contributing federal political committee.	C	12047	Amount of Each Receipt this Period 20.00
Name of Employer MVP	Occupatio VP of E I		7
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 460.00	
Full Name (Last, First, Middle Initial) Thomas Ryan			Date of Receipt
Mailing Address 24 Bluestone Ridge			10 22 2010
City Clifton Park	State NY	Zip Code 12065	Transaction ID: SA11AI.9740
FEC ID number of contributing federal political committee.	C	12003	Amount of Each Receipt this Period 30.00
Name of Employer MVP Health Care	Occupatio VP Unde		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 630.00	
SUBTOTAL of Receipts This Page (optional			70.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	nd 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) Thomas Ryan Mailing Address 24 Bluestone Ridge City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date 660.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 1 1 0 5 2 0 1 0 Transaction ID: SA11AI.9741 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 MVP Health Care Receipt For: Primary General	State Zip Code NY 12065 C Occupation VP Underwriting Aggregate Year-to-Date	Date of Receipt 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) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 12866 C Occupation VP Sales	Date of Receipt M M M / D D D / 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 ▼ 630.00	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 42 / 53 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		1 1 0 4 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.9744
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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	1
Full Name (Last, First, Middle Initial) Daniel Sauer	0 0 0 0 0 0 0 0	Date of Receipt
Mailing Address 160 Fifth Avenue		11 18 2010
City	State Zip Code	Transaction ID: SA11AI.9745
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP	Occupation VP Sales	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	690.00	
Full Name (Last, First, Middle Initial) Margaret Stevenson		Date of Receipt
Mailing Address 3968 Thrush Ln		10 22 7 2010
City	State Zip Code	Transaction ID: SA11AI.9761
Liverpool	NY 13090	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care	Occupation Director National Accounts	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
CURTOTAL of Descripts This Descriptional		70.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 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 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) Margaret Stevenson Mailing Address 3968 Thrush Ln City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 13090 C Occupation Director National Accounts Aggregate Year-to-Date 220.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Margaret Stevenson Mailing Address 3968 Thrush Ln City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 13090 C Occupation Director National Accounts Aggregate Year-to-Date 230.00	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) David Stitt Mailing Address 684 Macelroy Road City Ballston Spa FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12019 C Occupation Pharmacy Director Aggregate Year-to-Date 210.00	Date of Receipt M M / D D / Y Y Y Y Y 1 0 2 1 2 0 1 0 Transaction ID: SA11AI.9764 Amount of Each Receipt this Period 10.00
SUBTOTAL of Receipts This Page (optional)		30.00

SCHEDULE A (FEC Form : ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 53 (check only one) X
Any information copied from such Reports or for commercial purposes, other than us NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal Page 1	and Statements may not be sold or used by any personing the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) David Stitt Mailing Address 684 Macelroy Ro		Date of Receipt 1 1 0 4 2 0 1 0
City Ballston Spa	State Zip Code NY 12019	Transaction ID: SA11AI.9765 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Cooperation	10.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Pharmacy Director Aggregate Year-to-Date 220.00	
Full Name (Last, First, Middle Initial) David Stitt Mailing Address 684 Macelroy Ro	ad	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9766
Ballston Spa	NY 12019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation Pharmacy Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive	·	Date of Receipt 1 0 2 1 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9767
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 ▼ 750.00	
CURTOTAL of Descipts This Dags (anti-	onal)	60.00

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

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ummary Page	FOR LINE NUMBER: PAGE 46 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or name and address of any po	r used by any persor ditical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
۷.	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			1 1 0 4 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.9780
	Middletown FEC ID number of contributing federal political committee.	CT 06457		Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation CIO		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	790.00	
 3.	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			11 18 2010
	City	State Zip Code		Transaction ID: SA11AI.9781
	Middletown	CT 06457		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer MVP	Occupation CIO		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	830.00	
_ ;.	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 Clifton Park	State Zip Code NY 12065		Transaction ID: SA11AI.9782 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	630.00	
	SUBTOTAL of Receipts This Page (optional)			110.00
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		<u>`</u>	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 47 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any 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) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date 660.00	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: SA11AI.9784 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date 690.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) James Wall Mailing Address 19 Stonegath Road City Ballston Lake FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12019 C Occupation Director Aggregate Year-to-Date 210.00	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)	•	70.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 53 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai or	ny information copied from such Reports and St 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.
∠ 4 .	Full Name (Last, First, Middle Initial) James Wall Mailing Address 19 Stonegath Road			Date of Receipt
	City Ballston Lake	State NY	Zip Code 12019	Transaction ID: SA11AI.9790 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼	
 3.	Full Name (Last, First, Middle Initial) James Wall Mailing Address 19 Stonegath Road			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9791
	Ballston Lake FEC ID number of contributing federal political committee.	C	12019	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation Director	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00	
 :.	Full Name (Last, First, Middle Initial) Tracey Welch			Date of Receipt
	Mailing Address 134 Thornberry Lane			10 22 2010
	City Rensselaer	State NY	Zip Code	Transaction ID: SA11AI.9798
	FEC ID number of contributing federal political committee.	C	12144	Amount of Each Receipt this Period 20.00
	Name of Employer MVP Health Care	Occupation Director I	n Medical and Network Analys	- is
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	
	SUBTOTAL of Receipts This Page (optional)	1		40.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary I	f the
Any information copied from such Reports and Stor for commercial purposes, other than using the	·	y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Tracey Welch		Date of Receipt
Mailing Address 134 Thornberry Lane	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: SA11AI.9799
Rensselaer	NY 12144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Health Care	Occupation Director Medical and Networ	k Analysis
Receipt For:	Aggregate Year-to-Date ▼	<u> </u>
Primary General Other (specify) ▼		0.00
Full Name (Last, First, Middle Initial) Tracey Welch	Date of Receipt	
Mailing Address 134 Thornberry Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9800
Rensselaer	NY 12144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Health Care	Occupation Director Medical and Networ	k Analysis
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
Full Name (Last, First, Middle Initial) Peter Whitehouse		Date of Receipt
Mailing Address 16 Oak Hill Drive		10 21 2010
City	State Zip Code	Transaction ID: SA11AI.9801
Loudon	NH 03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation Sales Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional)		70.00

TOTAL This Period (last page this line number only)

A.

В.

PAGE 50 / 53 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Date of Receipt Peter Whitehouse Mailing Address 16 Oak Hill Drive 04 2010 1.1 City State Zip Code Transaction ID: SA11AI.9802 Loudon NH 03307 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer MVP Health Care Occupation Sales Director Receipt For: Aggregate Year-to-Date Primary General 360.00 Other (specify) Full Name (Last, First, Middle Initial) Peter Whitehouse Date of Receipt Mailing Address 16 Oak Hill Drive 18 2010 City Transaction ID: SA11AI.9803 State Zip Code Loudon NH 03307 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer MVP Health Care Occupation Sales Director Receipt For: Aggregate Year-to-Date Primary General

390.00

SUBTOTAL of Receipts This Page (optional)	•	60.00
TOTAL This Period (last page this line number only)	•	3841.00

Other (specify)

ITEMIZED	Use separate schedule(s) (che			FOR LINE NUMBER: PAGE 51 / 53 (check only one)			
	DISBURSEMENT	'S for each	category of the Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29 3		
					for the purpose of soliciting contributions olicit contributions from such committee		
NAME OF C	OMMITTEE (In Full) h Care Inc. Federal PAC		, p				
	Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS				Transaction ID: SB23.9838 Date of Disbursement		
Mailing Addr	Mailing Address P.O. Box 8508				10 M / D 15 / Y 2010 Y		
City Utica		State NY	Zip Code 13505		Amount of Each Disbursement this Period		
	Disbursement			011	2000.00		
	A. ARCURI			Category/ Type	-		
Office Sough State: NY	Senate President District: 24	Disbursement For: Primary Other (spe	2010 X General ecify) ▼				
•	Full Name (Last, First, Middle Initial) CHRIS GIBSON FOR CONGRESS				Transaction ID: SB23.9843 Date of Disbursement		
Mailing Addr	Mailing Address PO Box 247				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Kinderhook	ζ.	State NY	Zip Code 12106		Amount of Each Disbursement this Perio		
r\iiiueiiio0i							
Purpose of D	Disbursement			011	2000.00		
	Disbursement ame			011 Category/ Type	2000.00		
Candidate Na CHRIS P CO	ame GIBSON it: X House Senate President	Disbursement For: Primary Other (spe	2010 X General ecify)	Category/	2000.00		
Purpose of C Candidate Na CHRIS P C Office Sough State: NY Full Name (L	ame GIBSON at: X House Senate	Disbursement For:	X General	Category/	Transaction ID: SB23.9840 Date of Disbursement		
Purpose of C Candidate Na CHRIS P C Office Sough State: NY Full Name (L	ame BIBSON at: X House Senate President District: 20 ast, First, Middle Initial) FOR CONGRESS	Disbursement For:	X General	Category/	Transaction ID: SB23.9840		
Candidate Na CHRIS P CO Office Sough State: NY Full Name (L DOHENY F Mailing Address City Watertown	ame GIBSON at: X House Senate President District: 20 ast, First, Middle Initial) FOR CONGRESS ess 107 Court Street PO Box 257	Disbursement For:	X General	Category/	Transaction ID: SB23.9840 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y		
Candidate Na CHRIS P CO Office Sough State: NY Full Name (L DOHENY F Mailing Address City Watertown Purpose of D	Disbursement Disbursement Disbursement District: 20 Di	Disbursement For: Primary Other (spe	X General ecify) ▼ Zip Code	Category/ Type	Transaction ID: SB23.9840 Date of Disbursement 10		
Candidate Na CHRIS P CO Office Sough State: NY Full Name (L DOHENY F Mailing Address City Watertown Purpose of C Candidate Na MATT DOH	ame BIBSON at: X House Senate President District: 20 ast, First, Middle Initial) FOR CONGRESS ess 107 Court Street PO Box 257 Disbursement ame HENY	Disbursement For: Primary Other (spe	X General ecify) Zip Code 13601	Category/ Type	Transaction ID: SB23.9840 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y		
Candidate Na CHRIS P CO Office Sough State: NY Full Name (L DOHENY F Mailing Address City Watertown Purpose of C Candidate Na Candi	Disbursement Disbursement Disbursement Disbursement District: 20 District: 20 District: 20 Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement	Disbursement For: Primary Other (spe	X General ecify) Zip Code 13601 2010 X General	Category/ Type 011 Category/	Transaction ID: SB23.9840 Date of Disbursement M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y		

S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 52/53
ΙT	EMIZED DISBURSEMENTS		(check onl	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and for commercial purposes, other than using the	•	, , ,	· ·
\rangle	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI Mailing Address PO Box 74			Transaction ID: SB23.9836 Date of Disbursement 10
City State Zip Code Syracuse NY 13214 Purpose of Disbursement Candidate Name DANIEL B MR. MAFFEI			011 Category/	Amount of Each Disbursement this Period 2000.00
		isbursement For: 2010 Primary X General Other (specify)	Туре	

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	8000.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s)

PAGE 53 / 53 FOR LINE NUMBER:

Exc

						for each umbered line) (check only one) 9 X 10			
NA	AME OF COMMITTEE (In I								
IVI	VP Health Care Inc. Fe	derai PAC							
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks Mailing Address P.O. Box 742572				Nature of Debt (Purpose): Check Printing				
	City Cincinnati	State OH	ZIP Code 45274						
	Outstanding Balance B	eginning This Period			Tra	nsaction ID: SD10	.4163		
		145.00							
	Amount Incurred	d This Period	Payment This Period		Outstanding Balance at Close of This Period				
		0.00	0.00				145.00		
	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done				Nature of Debt (Purpose): Advertising				
	Mailing Address 96 Jay Street								
	City Schenectady	ZIP Code 12305							
	Outstanding Balance B	eginning This Period			Transaction ID: SD10.4165				
		338.00							
	Amount Incurred	d This Period	Payment This Period		Outstanding Balance at Close of This Period				
		0.00	0.00				338.00		
1)	SUBTOTALS This Perio	od This Page (optional)		•	- I	483	3.00		
2)	TOTALS This Period (las	et page this line number o	nly)	>		48:	3.00		
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)						0.00		
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)) -	▶ 483.00				