



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 2 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

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

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period:

From:

MM 10 DD 14 YY YY 2010

To:

MM 11 DD 22 YY YY 2010

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

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

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

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

|   |   |             |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 6 / 53 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |             |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mary Bianchi |                                     | Date of Receipt   |
|   | Mailing Address 6 Doris Drive                               |                                     | <input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/> |
|   | City  | State                               | Zip Code  |
|   | Scotia  | NY                                  | 12302   |
|   | FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>MVP Service Corp  |   | Occupation<br>VP, Sales Ops         | <b>Transaction ID:</b> SA11AI.9499  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="630.00"/> | <input type="text" value="30.00"/>  |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mary Bianchi |                                     | Date of Receipt   |
|   | Mailing Address 6 Doris Drive                               |                                     | <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2010"/> |
|   | City  | State                               | Zip Code  |
|   | Scotia  | NY                                  | 12302   |
|   | FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>MVP Service Corp  |   | Occupation<br>VP, Sales Ops         | <b>Transaction ID:</b> SA11AI.9500  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="660.00"/> | <input type="text" value="30.00"/>  |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mary Bianchi |                                     | Date of Receipt   |
|   | Mailing Address 6 Doris Drive                               |                                     | <input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2010"/> |
|   | City  | State                               | Zip Code  |
|   | Scotia  | NY                                  | 12302   |
|   | FEC ID number of contributing federal political committee.  |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>MVP Service Corp  |   | Occupation<br>VP, Sales Ops         | <b>Transaction ID:</b> SA11AI.9501  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="690.00"/> | <input type="text" value="30.00"/>  |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 53  
(check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Sue Ann Brown</p> <p>Mailing Address 9 Wembly Court</p> <p>City State Zip Code<br/>Delmar NY 12054</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation Administrative</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">420.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">1 0 / 2 1 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.9511</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">20.00</span></p> |
|--|---|

|  |   |
|--|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Sue Ann Brown</p> <p>Mailing Address 9 Wembly Court</p> <p>City State Zip Code<br/>Delmar NY 12054</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation Administrative</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">440.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">1 1 / 0 4 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.9512</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">20.00</span></p> |
|--|---|

|  |   |
|--|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Sue Ann Brown</p> <p>Mailing Address 9 Wembly Court</p> <p>City State Zip Code<br/>Delmar NY 12054</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Occupation Administrative</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">460.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">1 1 / 1 8 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.9513</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">20.00</span></p> |
|--|---|

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">60.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>     |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 53

(check only one)

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

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

**A.**

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

Mailing Address 285 Willowcrest Drive

City State Zip Code  
Rochester NY 14618

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

Name of Employer MVP Occupation VP Medical Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 630.00

Date of Receipt

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

Transaction ID: SA11AI.9514

Amount of Each Receipt this Period

30.00

**B.**

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

Mailing Address 285 Willowcrest Drive

City State Zip Code  
Rochester NY 14618

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

Name of Employer MVP Occupation VP Medical Director

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

Date of Receipt

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

Transaction ID: SA11AI.9515

Amount of Each Receipt this Period

30.00

**C.**

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

Mailing Address 285 Willowcrest Drive

City State Zip Code  
Rochester NY 14618

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

Name of Employer MVP Occupation VP Medical Director

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

Date of Receipt

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

Transaction ID: SA11AI.9516

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

90.00

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

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

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

FOR LINE NUMBER: PAGE 9 / 53  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Laura Davis

Mailing Address 212 Meriline Ave.

City State Zip Code  
Scotia NY 12302

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

Name of Employer MVP Health Care Inc      Occupation Clinical Pharmacist

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

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.9529

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Laura Davis

Mailing Address 212 Meriline Ave.

City State Zip Code  
Scotia NY 12302

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

Name of Employer MVP Health Care Inc      Occupation Clinical Pharmacist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      240.00

Date of Receipt  

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

**Transaction ID:** SA11AI.9530

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Laura Davis

Mailing Address 212 Meriline Ave.

City State Zip Code  
Scotia NY 12302

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

Name of Employer MVP Health Care Inc      Occupation Clinical Pharmacist

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      260.00

Date of Receipt  

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

**Transaction ID:** SA11AI.9531

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.00**

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

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

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

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

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

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

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

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

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

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

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

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Frank Fanshawe       |                             | Date of Receipt   |
|   | Mailing Address 430 Ridgehill Road                                  |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 0 / 2 1 / 2 0 1 0 |
|   | City  | State                       | Zip Code  |
|   | Schenectady   | NY                          | 12303   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> SA11AI.9541  |
| Name of Employer MVP  |   | Occupation Treasurer        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 40.00  |
|   |   | <input type="text"/> 740.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Frank Fanshawe       |                             | Date of Receipt   |
|   | Mailing Address 430 Ridgehill Road                                  |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 1 / 0 4 / 2 0 1 0 |
|   | City  | State                       | Zip Code  |
|   | Schenectady   | NY                          | 12303   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> SA11AI.9542  |
| Name of Employer MVP  |   | Occupation Treasurer        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 40.00  |
|   |   | <input type="text"/> 780.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Frank Fanshawe       |                             | Date of Receipt   |
|   | Mailing Address 430 Ridgehill Road                                  |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 1 / 1 8 / 2 0 1 0 |
|   | City  | State                       | Zip Code  |
|   | Schenectady   | NY                          | 12303   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> SA11AI.9543  |
| Name of Employer MVP  |   | Occupation Treasurer        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 40.00  |
|   |   | <input type="text"/> 820.00 |   |

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

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

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

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

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

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation EVP, CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

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

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation EVP, CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

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

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

Mailing Address 500 Normanskill Place

City Slingerlands State NY Zip Code 12159

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

Name of Employer MVP Occupation EVP, CFO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00

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

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

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

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

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>John Gajewski            |                                     | Date of Receipt   |
|   | Mailing Address 166 Jordan Blvd                                     |                                     | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2010"/> |
|   | City  | State                               | Zip Code  |
|   | Delmar  | NY                                  | 12054   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> SA11AI.9563  |
| Name of Employer MVP Health Care  |   | Occupation Director EPMO            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="20.00"/>  |
|   |   | <input type="text" value="330.00"/> |   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>John Gajewski            |                                     | Date of Receipt   |
|   | Mailing Address 166 Jordan Blvd                                     |                                     | <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2010"/> |
|   | City  | State                               | Zip Code  |
|   | Delmar  | NY                                  | 12054   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> SA11AI.9564  |
| Name of Employer MVP Health Care  |   | Occupation Director EPMO            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="20.00"/>  |
|   |   | <input type="text" value="350.00"/> |   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>John Gajewski            |                                     | Date of Receipt   |
|   | Mailing Address 166 Jordan Blvd                                     |                                     | <input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2010"/> |
|   | City  | State                               | Zip Code  |
|   | Delmar  | NY                                  | 12054   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> SA11AI.9565  |
| Name of Employer MVP Health Care  |   | Occupation Director EPMO            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="20.00"/>  |
|   |   | <input type="text" value="370.00"/> |   |

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

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

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

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

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Dominic Galante</p> <p>Mailing Address 220 Alexander Street</p> <p>City State Zip Code<br/>Rochester NY 14607</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Health Care      Occupation VP Medical Quality Management</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">330.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">1 0 / 2 1 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.9566</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">30.00</span></p> |
|---|---|

|   |   |
|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Dominic Galante</p> <p>Mailing Address 220 Alexander Street</p> <p>City State Zip Code<br/>Rochester NY 14607</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Health Care      Occupation VP Medical Quality Management</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">360.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">1 1 / 0 4 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.9567</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">30.00</span></p> |
|---|---|

|   |   |
|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Dominic Galante</p> <p>Mailing Address 220 Alexander Street</p> <p>City State Zip Code<br/>Rochester NY 14607</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer MVP Health Care      Occupation VP Medical Quality Management</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">390.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">1 1 / 1 8 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> SA11AI.9568</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">30.00</span></p> |
|---|---|

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">90.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>     |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

**A.**

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

Mailing Address 3 Bay Crest Drive

City State Zip Code  
South Burlington VT 05403

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

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

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

**Transaction ID:** SA11AI.9572

Amount of Each Receipt this Period  
 12.00

**B.**

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

Mailing Address 3 Bay Crest Drive

City State Zip Code  
South Burlington VT 05403

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

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

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

**Transaction ID:** SA11AI.9573

Amount of Each Receipt this Period  
 12.00

**C.**

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

Mailing Address 3 Bay Crest Drive

City State Zip Code  
South Burlington VT 05403

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

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

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

**Transaction ID:** SA11AI.9574

Amount of Each Receipt this Period  
 12.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 36.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 53  
(check only one)

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

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

**A.**

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

Mailing Address 8 Wendy Lane

City State Zip Code  
W. Hartford CT 06117

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

Name of Employer MVP Occupation Exec VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 895.00

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

**Transaction ID:** SA11AI.9575

Amount of Each Receipt this Period  
45.00

**B.**

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

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

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

**Transaction ID:** SA11AI.9579

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

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

**Transaction ID:** SA11AI.9580

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **85.00**

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Bill Geddings  
Mailing Address 75 Robinwood Drive  
City Clifton Park State NY Zip Code 12065  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Health Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00  
Date of Receipt 11 / 18 / 2010  
Transaction ID: SA11AI.9581  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Patrick Glavey  
Mailing Address 165 Windemere Road  
City Rochester State NY Zip Code 14610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP, Medicare Products  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 10 / 21 / 2010  
Transaction ID: SA11AI.9585  
Amount of Each Receipt this Period 80.00

**C.** Full Name (Last, First, Middle Initial)  
Patrick Glavey  
Mailing Address 165 Windemere Road  
City Rochester State NY Zip Code 14610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP, Medicare Products  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1580.00  
Date of Receipt 11 / 04 / 2010  
Transaction ID: SA11AI.9586  
Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

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

|   |   |                                  |   |
|---|---|----------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Patrick Glavey           |                                  | Date of Receipt   |
|   | Mailing Address 165 Windemere Road                                  |                                  | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 1 / 1 8 / 2 0 1 0 |
|   | City  | State                            | Zip Code  |
|   | Rochester   | NY                               | 14610   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                  | <b>Transaction ID:</b> SA11AI.9587  |
| Name of Employer MVP  |   | Occupation VP, Medicare Products | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼         | <input type="text"/><br>80.00   |
|   |   | <input type="text"/> 1660.00     |   |

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Denise Gonick            |                                      | Date of Receipt   |
|   | Mailing Address 803 Via Marchella                                   |                                      | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 0 / 2 1 / 2 0 1 0 |
|   | City  | State                                | Zip Code  |
|   | Schenectady   | NY                                   | 12303   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> SA11AI.9588  |
| Name of Employer MVP  |   | Occupation EVP & Chief Legal Officer | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼             | <input type="text"/><br>70.00   |
|   |   | <input type="text"/> 1370.00         |   |

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Denise Gonick            |                                      | Date of Receipt   |
|   | Mailing Address 803 Via Marchella                                   |                                      | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>1 1 / 0 4 / 2 0 1 0 |
|   | City  | State                                | Zip Code  |
|   | Schenectady   | NY                                   | 12303   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> SA11AI.9589  |
| Name of Employer MVP  |   | Occupation EVP & Chief Legal Officer | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼             | <input type="text"/><br>70.00   |
|   |   | <input type="text"/> 1440.00         |   |

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

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

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

FOR LINE NUMBER: PAGE 19 / 53  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Denise Gonick

Mailing Address 803 Via Marchella

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation EVP & Chief Legal Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1510.00

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

**Transaction ID:** SA11AI.9590

Amount of Each Receipt this Period  
70.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Greppo

Mailing Address 134 Overlook Lane

City State Zip Code  
Duanesburg NY 12056

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

Name of Employer MVP Occupation IT Ombudsman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** SA11AI.9591

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Greppo

Mailing Address 134 Overlook Lane

City State Zip Code  
Duanesburg NY 12056

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

Name of Employer MVP Occupation IT Ombudsman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

**Transaction ID:** SA11AI.9592

Amount of Each Receipt this Period  
10.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 53

(check only one)

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

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

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

**A.**

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

Mailing Address 134 Overlook Lane

City State Zip Code  
Duanesburg NY 12056

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

Name of Employer Occupation  
MVP IT Ombudsman

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

Date of Receipt

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

Transaction ID: SA11AI.9593

Amount of Each Receipt this Period  
10.00

**B.**

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

Mailing Address 144 Berry Road

City State Zip Code  
Loudon NH 03307

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

Name of Employer Occupation  
MVP Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1680.00

Date of Receipt

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

Transaction ID: SA11AI.9597

Amount of Each Receipt this Period  
80.00

**C.**

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

Mailing Address 144 Berry Road

City State Zip Code  
Loudon NH 03307

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

Name of Employer Occupation  
MVP Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1760.00

Date of Receipt

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

Transaction ID: SA11AI.9598

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

170.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 53

(check only one)

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

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

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

**A.**

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

Mailing Address 144 Berry Road

City State Zip Code  
Loudon NH 03307

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

Name of Employer Occupation  
MVP Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1840.00

Date of Receipt

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

Transaction ID: SA11AI.9599

Amount of Each Receipt this Period  
80.00

**B.**

Full Name (Last, First, Middle Initial)  
Rosemarie Hogan

Mailing Address 45 Crestwood Drive

City State Zip Code  
Schenectady NY 12306

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

Name of Employer Occupation  
MVP Administrative

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: SA11AI.9607

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Rosemarie Hogan

Mailing Address 45 Crestwood Drive

City State Zip Code  
Schenectady NY 12306

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

Name of Employer Occupation  
MVP Administrative

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: SA11AI.9608

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 53  
(check only one)

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

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

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

**A.**

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

**B.**

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

**C.**

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

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 30.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kevin Husted  
 Mailing Address 38 Fox Hill Drive  
 City State Zip Code  
 Fairport NY 14450  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 1 / 2 0 1 0  
**Transaction ID:** SA11AI.9618  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin Husted  
 Mailing Address 38 Fox Hill Drive  
 City State Zip Code  
 Fairport NY 14450  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 4 / 2 0 1 0  
**Transaction ID:** SA11AI.9619  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin Husted  
 Mailing Address 38 Fox Hill Drive  
 City State Zip Code  
 Fairport NY 14450  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 1 8 / 2 0 1 0  
**Transaction ID:** SA11AI.9620  
 Amount of Each Receipt this Period  
 30.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MVP Occupation VP Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 690.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

**A.**

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

**B.**

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 790.00

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

**C.**

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

Mailing Address 213 Hansen Ave

City Albany State NY Zip Code 12208

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

Name of Employer MVP Health Care Occupation VP of Legal Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 830.00

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

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

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

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

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

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

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

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

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

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 53  
(check only one)

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

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

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

**A.**

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

Mailing Address 848 DeCamp Avenue

City State Zip Code  
Schenectady NY 12309

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

Name of Employer MVP Occupation Administrative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** SA11AI.9639

Amount of Each Receipt this Period  
10.00

**B.**

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

Mailing Address 848 DeCamp Avenue

City State Zip Code  
Schenectady NY 12309

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

Name of Employer MVP Occupation Administrative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

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

**Transaction ID:** SA11AI.9640

Amount of Each Receipt this Period  
10.00

**C.**

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

Mailing Address 848 DeCamp Avenue

City State Zip Code  
Schenectady NY 12309

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

Name of Employer MVP Occupation Administrative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

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

**Transaction ID:** SA11AI.9641

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

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

**A.**

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

**B.**

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

**C.**

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

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

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

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>William V. Little  |                                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 21 / 2010 |
| Mailing Address 300 Partridge Lane  |                                    | <b>Transaction ID:</b> SA11AI.9648                  |
| City<br>Charlotte   | State<br>VT                        | Zip Code<br>05445                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer<br>MVP Service Corp.   | Occupation<br>VP Vermont           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>630.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>William V. Little  |                                    | Date of Receipt<br>MM / DD / YYYY<br>11 / 04 / 2010 |
| Mailing Address 300 Partridge Lane  |                                    | <b>Transaction ID:</b> SA11AI.9649                  |
| City<br>Charlotte   | State<br>VT                        | Zip Code<br>05445                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer<br>MVP Service Corp.   | Occupation<br>VP Vermont           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>660.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>William V. Little  |                                    | Date of Receipt<br>MM / DD / YYYY<br>11 / 18 / 2010 |
| Mailing Address 300 Partridge Lane  |                                    | <b>Transaction ID:</b> SA11AI.9650                  |
| City<br>Charlotte   | State<br>VT                        | Zip Code<br>05445                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer<br>MVP Service Corp.   | Occupation<br>VP Vermont           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>690.00 |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

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

**A.**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

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

**B.**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

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

**C.**

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

Mailing Address 19 Crimson Way

City Webster State NY Zip Code 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 30 / 53  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Augusta Martin

Mailing Address 457 Crescent Ave

City State Zip Code  
Saratoga NY 12866

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

Name of Employer MVP Health Care Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

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

**Transaction ID:** SA11AI.9667

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Augusta Martin

Mailing Address 457 Crescent Ave

City State Zip Code  
Saratoga NY 12866

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

Name of Employer MVP Health Care Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

**Transaction ID:** SA11AI.9669

Amount of Each Receipt this Period  
30.00

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

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

**Transaction ID:** SA11AI.9677

Amount of Each Receipt this Period  
40.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 53  
(check only one)

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

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

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

**A.**

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt  

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

Transaction ID: SA11AI.9678

Amount of Each Receipt this Period 40.00

**B.**

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt  

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

Transaction ID: SA11AI.9679

Amount of Each Receipt this Period 40.00

**C.**

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

Mailing Address 24 Kraus Road

City State Zip Code  
Albany NY 12203

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

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.9680

Amount of Each Receipt this Period 10.00

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

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

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 32 / 53 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Donna Michele   | Date of Receipt<br>MM / DD / YYYY<br>11 / 04 / 2010 |
|           | Mailing Address 24 Kraus Road  | <b>Transaction ID:</b> SA11AI.9681                  |
|           | City Albany State NY Zip Code 12203  | Amount of Each Receipt this Period<br>10.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer MVP Occupation Administrative<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 220.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Donna Michele   | Date of Receipt<br>MM / DD / YYYY<br>11 / 18 / 2010 |
|           | Mailing Address 24 Kraus Road  | <b>Transaction ID:</b> SA11AI.9682                  |
|           | City Albany State NY Zip Code 12203  | Amount of Each Receipt this Period<br>10.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer MVP Occupation Administrative<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 230.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>James Morrill   | Date of Receipt<br>MM / DD / YYYY<br>10 / 21 / 2010 |
|           | Mailing Address 54 Henderson Road  | <b>Transaction ID:</b> SA11AI.9683                  |
|           | City Glenmont State NY Zip Code 12077  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer MVP Occupation EVP, HR<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 1050.00 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 70.00 |
| <b>TOTAL</b> 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 33 / 53  
(check only one)

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

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

**A.**

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

Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

**Transaction ID:** SA11AI.9684

Amount of Each Receipt this Period  
50.00

**B.**

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

Mailing Address 54 Henderson Road

City State Zip Code  
Glenmont NY 12077

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

Name of Employer MVP Occupation EVP, HR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

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

**Transaction ID:** SA11AI.9685

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address 1 Vitucci Ct

City State Zip Code  
Cohoes NY 12047

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

Name of Employer MVP Health Care Occupation Actuary Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** SA11AI.9686

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **110.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

**A.**

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

Mailing Address 1 Vitucci Ct

City Cohoes State NY Zip Code 12047

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

Name of Employer MVP Health Care Occupation Actuary Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  

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

**Transaction ID:** SA11AI.9687

Amount of Each Receipt this Period  
10.00

**B.**

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

Mailing Address 1 Vitucci Ct

City Cohoes State NY Zip Code 12047

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

Name of Employer MVP Health Care Occupation Actuary Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  

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

**Transaction ID:** SA11AI.9688

Amount of Each Receipt this Period  
10.00

**C.**

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

Mailing Address 71 East Claremond Drive

City Voorheesville State NY Zip Code 12186

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

Name of Employer MVP Occupation Director of Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.9695

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **40.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

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

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 70.00 |
| <b>TOTAL</b> 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 36 / 53  
(check only one)

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

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

**A.**

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt 11 / 04 / 2010

**Transaction ID:** SA11AI.9699

Amount of Each Receipt this Period 30.00

**B.**

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

Mailing Address 3 Clare Castle

City Albany State NY Zip Code 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 11 / 18 / 2010

**Transaction ID:** SA11AI.9700

Amount of Each Receipt this Period 30.00

**C.**

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

Mailing Address 285 Pinebrook Drive

City Hyde Park State NY Zip Code 12538

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

Name of Employer MVP Occupation Regional Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 22 / 2010

**Transaction ID:** SA11AI.9701

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 53  
(check only one)

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

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

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

**A.**

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

Mailing Address 285 Pinebrook Drive

City State Zip Code  
Hyde Park NY 12538

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

Name of Employer MVP Occupation Regional Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
11 / 05 / 2010

**Transaction ID:** SA11AI.9702

Amount of Each Receipt this Period  
10.00

**B.**

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

Mailing Address 285 Pinebrook Drive

City State Zip Code  
Hyde Park NY 12538

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

Name of Employer MVP Occupation Regional Sales Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2010

**Transaction ID:** SA11AI.9703

Amount of Each Receipt this Period  
10.00

**C.**

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

Mailing Address 931 Northumberland Dr.

City State Zip Code  
Niskayuna NY 12309

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

Name of Employer MVP Health Care Occupation Assoc. Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2010

**Transaction ID:** SA11AI.9719

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **40.00**

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

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 38 / 53 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Donald Rahn  | Date of Receipt<br>MM / DD / YYYY<br>11 / 05 / 2010 |
|           | Mailing Address 931 Northumberland Dr.  | <b>Transaction ID:</b> SA11AI.9720                  |
|           | City State Zip Code<br>Niskayuna NY 12309   | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer MVP Health Care      Occupation Assoc. Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>270.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Donald Rahn  | Date of Receipt<br>MM / DD / YYYY<br>11 / 19 / 2010 |
|           | Mailing Address 931 Northumberland Dr.  | <b>Transaction ID:</b> SA11AI.9721                  |
|           | City State Zip Code<br>Niskayuna NY 12309   | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer MVP Health Care      Occupation Assoc. Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>290.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Aneli Rivera-Platt   | Date of Receipt<br>MM / DD / YYYY<br>10 / 22 / 2010 |
|           | Mailing Address 215 Dunrovin Lane   | <b>Transaction ID:</b> SA11AI.9731                  |
|           | City State Zip Code<br>Rochester NY 14618   | Amount of Each Receipt this Period<br>10.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer MVP      Occupation HR Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>210.00 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 50.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 39 / 53 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Aneli Rivera-Platt       |                             | Date of Receipt   |
|   | Mailing Address 215 Dunrovin Lane                                   |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | Rochester   | NY                          | 14618   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> SA11AI.9732  |
| Name of Employer MVP  |   | Occupation HR Director      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 10.00  |
|   |   | <input type="text"/> 220.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Aneli Rivera-Platt       |                             | Date of Receipt   |
|   | Mailing Address 215 Dunrovin Lane                                   |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | Rochester   | NY                          | 14618   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> SA11AI.9733  |
| Name of Employer MVP  |   | Occupation HR Director      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 10.00  |
|   |   | <input type="text"/> 230.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ellen Runyon             |                             | Date of Receipt   |
|   | Mailing Address 625 State Street                                    |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | Schenectady   | NY                          | 12047   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> SA11AI.9737  |
| Name of Employer MVP  |   | Occupation VP of E Business | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 20.00  |
|   |   | <input type="text"/> 420.00 |   |

|  |                            |
|--|----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 40.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 53  
(check only one)

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

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

**A.**

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

Mailing Address 625 State Street

City State Zip Code  
Schenectady NY 12047

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

Name of Employer MVP Occupation VP of E Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

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

**Transaction ID:** SA11AI.9738

Amount of Each Receipt this Period  
20.00

**B.**

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

Mailing Address 625 State Street

City State Zip Code  
Schenectady NY 12047

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

Name of Employer MVP Occupation VP of E Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

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

**Transaction ID:** SA11AI.9739

Amount of Each Receipt this Period  
20.00

**C.**

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

Mailing Address 24 Bluestone Ridge

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Health Care Occupation VP Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

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

**Transaction ID:** SA11AI.9740

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 53  
(check only one)

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

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

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Thomas Ryan  |                                    | Date of Receipt<br>MM / DD / YYYY<br>11 / 05 / 2010 |
| Mailing Address 24 Bluestone Ridge  |                                    | <b>Transaction ID:</b> SA11AI.9741                  |
| City<br>Clifton Park  | State<br>NY                        | Zip Code<br>12065                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer<br>MVP Health Care   | Occupation<br>VP Underwriting      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>660.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Thomas Ryan  |                                    | Date of Receipt<br>MM / DD / YYYY<br>11 / 19 / 2010 |
| Mailing Address 24 Bluestone Ridge  |                                    | <b>Transaction ID:</b> SA11AI.9742                  |
| City<br>Clifton Park  | State<br>NY                        | Zip Code<br>12065                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer<br>MVP Health Care   | Occupation<br>VP Underwriting      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>690.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Daniel Sauer   |                                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 21 / 2010 |
| Mailing Address 160 Fifth Avenue  |                                    | <b>Transaction ID:</b> SA11AI.9743                  |
| City<br>Saratoga Springs  | State<br>NY                        | Zip Code<br>12866                                   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer<br>MVP   | Occupation<br>VP Sales             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>630.00 |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

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

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

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

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

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

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

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

|   |  |              |
|---|--|--------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 43 / 53 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|   |   |  |   |
|---|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Margaret Stevenson   |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 05 / 2010 |
|   | Mailing Address 3968 Thrush Ln                                  |  | <b>Transaction ID:</b> SA11AI.9762                  |
|   | City<br>Liverpool   | State<br>NY                              | Zip Code<br>13090                                   |
|   | FEC ID number of contributing federal political committee.<br>C |  | Amount of Each Receipt this Period<br>10.00         |
|   | Name of Employer<br>MVP Health Care                             | Occupation<br>Director National Accounts |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>220.00       |   |

|   |   |  |   |
|---|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Margaret Stevenson   |  | Date of Receipt<br>MM / DD / YYYY<br>11 / 19 / 2010 |
|   | Mailing Address 3968 Thrush Ln                                  |  | <b>Transaction ID:</b> SA11AI.9763                  |
|   | City<br>Liverpool   | State<br>NY                              | Zip Code<br>13090                                   |
|   | FEC ID number of contributing federal political committee.<br>C |  | Amount of Each Receipt this Period<br>10.00         |
|   | Name of Employer<br>MVP Health Care                             | Occupation<br>Director National Accounts |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>230.00       |   |

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

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 30.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

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

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

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

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

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 53  
(check only one)

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

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

**A.**

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
790.00

Date of Receipt  

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

**Transaction ID:** SA11AI.9768

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer MVP Occupation VP, Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
830.00

Date of Receipt  

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

**Transaction ID:** SA11AI.9769

Amount of Each Receipt this Period  
40.00

**C.**

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
Middletown CT 06457

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

Name of Employer MVP Occupation CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 1 | 0 |

**Transaction ID:** SA11AI.9779

Amount of Each Receipt this Period  
40.00

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

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

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

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

FOR LINE NUMBER: PAGE 46 / 53

(check only one)

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

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

**A.**

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
Middletown CT 06457

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

Name of Employer Occupation  
MVP CIO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 790.00

Date of Receipt

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

Transaction ID: SA11AI.9780

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
Middletown CT 06457

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

Name of Employer Occupation  
MVP CIO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 830.00

Date of Receipt

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

Transaction ID: SA11AI.9781

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer Occupation  
MVP Associate Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 630.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 1 | / | 2 | 0 | 1 | 0 |

Transaction ID: SA11AI.9782

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

110.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 53  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

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

**Transaction ID:** SA11AI.9784

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Shanon Vollmer

Mailing Address 30 Wilton Court

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

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

**Transaction ID:** SA11AI.9785

Amount of Each Receipt this Period  
30.00

**C.**

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

Mailing Address 19 Stonegath Road

City State Zip Code  
Ballston Lake NY 12019

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

Name of Employer MVP Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

**Transaction ID:** SA11AI.9789

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 70.00

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

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

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 48 / 53 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |              |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

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

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

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

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 40.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 53  
(check only one)

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

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

**A.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Tracey Welch   |   | Date of Receipt<br>MM / DD / YYYY<br>11 / 05 / 2010 |
| Mailing Address 134 Thornberry Lane   |   | <b>Transaction ID:</b> SA11AI.9799                  |
| City<br>Rensselaer  | State<br>NY   | Zip Code<br>12144                                   |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>MVP Health Care   | Occupation<br>Director Medical and Network Analysis |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>340.00                  |   |

**B.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Tracey Welch   |   | Date of Receipt<br>MM / DD / YYYY<br>11 / 19 / 2010 |
| Mailing Address 134 Thornberry Lane   |   | <b>Transaction ID:</b> SA11AI.9800                  |
| City<br>Rensselaer  | State<br>NY   | Zip Code<br>12144                                   |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer<br>MVP Health Care   | Occupation<br>Director Medical and Network Analysis |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00                  |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Peter Whitehouse   |                                    | Date of Receipt<br>MM / DD / YYYY<br>10 / 21 / 2010 |
| Mailing Address 16 Oak Hill Drive   |                                    | <b>Transaction ID:</b> SA11AI.9801                  |
| City<br>Loudon  | State<br>NH                        | Zip Code<br>03307                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer<br>MVP Health Care   | Occupation<br>Sales Director       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>330.00 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 70.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

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

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

FOR LINE NUMBER: PAGE 50 / 53  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care Occupation Sales Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 04 / 2010  
**Transaction ID: SA11AI.9802**  
 Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Peter Whitehouse

Mailing Address 16 Oak Hill Drive

City Loudon State NH Zip Code 03307

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

Name of Employer MVP Health Care Occupation Sales Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 11 / 18 / 2010  
**Transaction ID: SA11AI.9803**  
 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**TOTAL** This Period (last page this line number only) ..... ► 3841.00

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

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

FOR LINE NUMBER: (check only one)

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

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

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>ARCURI FOR CONGRESS</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>MICHAEL A. ARCURI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: NY District: 24</p>                 | <p><b>Transaction ID:</b> SB23.9838<br/><b>Date of Disbursement</b><br/>10 / 15 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CHRIS GIBSON FOR CONGRESS</p> <p>Mailing Address PO Box 247</p> <p>City Kinderhook State NY Zip Code 12106</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>CHRIS P GIBSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: NY District: 20</p>            | <p><b>Transaction ID:</b> SB23.9843<br/><b>Date of Disbursement</b><br/>10 / 26 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>DOHENY FOR CONGRESS</p> <p>Mailing Address 107 Court Street<br/>PO Box 257</p> <p>City Watertown State NY Zip Code 13601</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span><br/>Category/Type</p> <p>Candidate Name<br/>MATT DOHENY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: NY District: 23</p> | <p><b>Transaction ID:</b> SB23.9840<br/><b>Date of Disbursement</b><br/>10 / 25 / 2010</p> <p>Amount of Each Disbursement this Period<br/><span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**6000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 53

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

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

A.

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

Transaction ID: SB23.9836

Date of Disbursement

Mailing Address PO Box 74

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

City State Zip Code  
Syracuse NY 13214

Amount of Each Disbursement this Period

|         |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name  
DANIEL B MR. MAFFEI

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

SUBTOTAL of Disbursements This Page (optional) ..... ►

|         |
|---------|
| 2000.00 |
|---------|

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

|         |
|---------|
| 8000.00 |
|---------|

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

|   |   |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 53 / 53  |
|   | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

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

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

|   |                                  |   |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period<br>145.00 | <b>Transaction ID: SD10.4163</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00      | Outstanding Balance at Close of This Period<br>145.00 |

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

|   |                                  |   |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period<br>338.00 | <b>Transaction ID: SD10.4165</b> |   |
| Amount Incurred This Period<br>0.00                 | Payment This Period<br>0.00      | Outstanding Balance at Close of This Period<br>338.00 |

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