

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on  in the State of

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on  in the State of

5. Covering Period    through

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

Type or Print Name of Treasurer Mr. Frank Fanshawe

Signature of Treasurer Electronically Filed by Mr. Frank Fanshawe Date

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

Office Use Only									
-----------------------	--	--	--	--	--	--	--	--	--

**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		18579.84
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	17474.84									
(c) Total Receipts (from Line 19) .....	2433.00	24615.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	19907.84	43194.84								
7. Total Disbursements (from Line 31) .....	0.00	23287.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19907.84	19907.84								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	483.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2000.00	16610.00
(i) Itemized (use Schedule A) .....	433.00	8005.00
(ii) Unitemized .....	2433.00	24615.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2433.00	24615.00
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)) .....	2433.00	24615.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2433.00	24615.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	23250.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	37.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	23287.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	23287.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	2433.00	24615.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2433.00	24615.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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	

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) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	Transaction ID: SA11AI.5075
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
Political Contribution			

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Scotia	NY	12302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP Service Corp		Occupation VP, Sales Ops	Transaction ID: SA11AI.5127
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	Amount of Each Receipt this Period <input type="text" value="30.00"/>
Political Contribution			

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Schenectady	NY	12303
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer MVP		Occupation VP & chief Actuary	Transaction ID: SA11AI.5050
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	Amount of Each Receipt this Period <input type="text" value="40.00"/>
Political Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="100.00"/>
<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 / 24

(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)  
Charles Bloss

Mailing Address 708 Stephens Place

City State Zip Code  
Schenectady NY 12303

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation VP & chief Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 18 / 2008

**Transaction ID:** SA11AI.5102

Amount of Each Receipt this Period 40.00

Political Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Sue Ann Brown

Mailing Address 9 Wembly Court

City State Zip Code  
Delmar NY 12054

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 04 / 2008

**Transaction ID:** SA11AI.5085

Amount of Each Receipt this Period 20.00

Political Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Sue Ann Brown

Mailing Address 9 Wembly Court

City State Zip Code  
Delmar NY 12054

FEC ID number of contributing federal political committee. C

Name of Employer MVP Occupation Administrative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 18 / 2008

**Transaction ID:** SA11AI.5137

Amount of Each Receipt this Period 20.00

Political Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 8 / 24  
(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)  
Carl Cameron  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 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 ▼ 450.00  
Date of Receipt 12 / 04 / 2008  
Transaction ID: SA11AI.5049  
Amount of Each Receipt this Period 30.00  
Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
Carl Cameron  
Mailing Address 285 Willowcrest Drive  
City Rochester State NY Zip Code 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 ▼ 480.00  
Date of Receipt 12 / 18 / 2008  
Transaction ID: SA11AI.5101  
Amount of Each Receipt this Period 30.00  
Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
Patricia Deferio  
Mailing Address 7723 Majestic Drive  
City Liverpool State NY Zip Code 13090  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation Regional Network Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 12 / 04 / 2008  
Transaction ID: SA11AI.5078  
Amount of Each Receipt this Period 30.00  
Political Contribution

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



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

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

FOR LINE NUMBER: PAGE 9 / 24  
(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)  
Patricia Deferio

Mailing Address 7723 Majestic Drive

City State Zip Code  
Liverpool NY 13090

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

Name of Employer MVP Occupation Regional Network Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

**Transaction ID:** SA11AI.5130

Amount of Each Receipt this Period  
30.00

Political Contribution

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

Mailing Address 430 Ridgehill Road

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.5063

Amount of Each Receipt this Period  
30.00

Political Contribution

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

Mailing Address 430 Ridgehill Road

City State Zip Code  
Schenectady NY 12303

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

Name of Employer MVP Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

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

**Transaction ID:** SA11AI.5115

Amount of Each Receipt this Period  
30.00

Political Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 10 / 24  
(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)  
Mark Fish

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.5074

Amount of Each Receipt this Period  
40.00

Political Contribution

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

Mailing Address 500 Normanskill Place

City State Zip Code  
Slingerlands NY 12159

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

Name of Employer MVP Occupation EVP Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

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

**Transaction ID:** SA11AI.5126

Amount of Each Receipt this Period  
40.00

Political Contribution

**C.** 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 ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.5043

Amount of Each Receipt this Period  
40.00

Political Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 24  
(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)  
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 ▼ 640.00

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

**Transaction ID:** SA11AI.5095

Amount of Each Receipt this Period  
40.00

Political Contribution

**B.**

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

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.5045

Amount of Each Receipt this Period  
20.00

Political Contribution

**C.**

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

Mailing Address 75 Robinwood Drive

City State Zip Code  
Clifton Park NY 12065

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

Name of Employer MVP Occupation VP Health Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

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

**Transaction ID:** SA11AI.5097

Amount of Each Receipt this Period  
20.00

Political Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 12 / 24  
(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)  
Patrick Glavey  
Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 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 ▼ 900.00

Date of Receipt: 12 / 04 / 2008  
Transaction ID: SA11AI.5079  
Amount of Each Receipt this Period: 60.00  
Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
Patrick Glavey  
Mailing Address 165 Windemere Road

City State Zip Code  
Rochester NY 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 ▼ 960.00

Date of Receipt: 12 / 18 / 2008  
Transaction ID: SA11AI.5131  
Amount of Each Receipt this Period: 60.00  
Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
Denise Gonick  
Mailing Address 803 Via Marchella

City 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 ▼ 900.00

Date of Receipt: 12 / 04 / 2008  
Transaction ID: SA11AI.5060  
Amount of Each Receipt this Period: 60.00  
Political Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 24  
(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 ▼ 960.00

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

**Transaction ID:** SA11AI.5112

Amount of Each Receipt this Period  
60.00

Political Contribution

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

Mailing Address 144 Berry Road

City State Zip Code  
Loudon NH 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.5052

Amount of Each Receipt this Period  
80.00

Political Contribution

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

Mailing Address 144 Berry Road

City State Zip Code  
Loudon NH 03307

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

Name of Employer MVP Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1280.00

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

**Transaction ID:** SA11AI.5104

Amount of Each Receipt this Period  
80.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **220.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 24  
(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)  
David Henderson

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 12 / 04 / 2008

Transaction ID: SA11AI.5057

Amount of Each Receipt this Period 60.00

Political Contribution

**B.**

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

Mailing Address 1 Loudon Heights

City Loudonville State NY Zip Code 12211

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

Name of Employer MVP Occupation EVP, Sales and Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 18 / 2008

Transaction ID: SA11AI.5109

Amount of Each Receipt this Period 60.00

Political Contribution

**C.**

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

Mailing Address 237 Jacobs Road

City Macedon State NY Zip Code 14502

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 04 / 2008

Transaction ID: SA11AI.5071

Amount of Each Receipt this Period 30.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 24  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kim Ann Hess</p> <p>Mailing Address 237 Jacobs Road</p> <p>City State Zip Code Macedon NY 14502</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 Service Corp. Occupation VP Medicaid &amp; Safety Net</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">480.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 1 8 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.5123</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>Political Contribution</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Kevin Husted</p> <p>Mailing Address 38 Fox Hill Drive</p> <p>City State Zip Code Fairport NY 14450</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 VP Information Technology</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">450.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 0 4 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.5070</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>Political Contribution</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Kevin Husted</p> <p>Mailing Address 38 Fox Hill Drive</p> <p>City State Zip Code Fairport NY 14450</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 VP Information Technology</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">480.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 2 / 1 8 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.5122</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p> <p>Political Contribution</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 16 / 24  
(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)  
Dennis Kant

Mailing Address 11 White Briar

City Pittsford State NY Zip Code 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 04 / 2008

**Transaction ID:** SA11AI.5061

Amount of Each Receipt this Period 30.00

Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
Dennis Kant

Mailing Address 11 White Briar

City Pittsford State NY Zip Code 14534

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

Name of Employer MVP Occupation VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 18 / 2008

**Transaction ID:** SA11AI.5113

Amount of Each Receipt this Period 30.00

Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
Joseph Lia

Mailing Address 12 Sutherland Drive

City Highland Mills State NY Zip Code 10930

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

Name of Employer MVP Occupation VP of Mid-Hudson Region

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 04 / 2008

**Transaction ID:** SA11AI.5067

Amount of Each Receipt this Period 30.00

Political Contribution

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

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



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

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

FOR LINE NUMBER: PAGE 17 / 24  
(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)  
Joseph Lia  
Mailing Address 12 Sutherland Drive  
City Highland Mills State NY Zip Code 10930  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP of Mid-Hudson Region  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00  
Date of Receipt 12 / 18 / 2008  
Transaction ID: SA11AI.5119  
Amount of Each Receipt this Period 30.00  
Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
Leonard Lindenmuth  
Mailing Address 33 Oak Street  
City Binghamton State NY Zip Code 13905  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Southern  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 12 / 04 / 2008  
Transaction ID: SA11AI.5073  
Amount of Each Receipt this Period 30.00  
Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
Leonard Lindenmuth  
Mailing Address 33 Oak Street  
City Binghamton State NY Zip Code 13905  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MVP Occupation VP Southern  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00  
Date of Receipt 12 / 18 / 2008  
Transaction ID: SA11AI.5125  
Amount of Each Receipt this Period 30.00  
Political Contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 24  
(check only one)

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

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

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

**A.**

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

Mailing Address 300 Partridge Lane

City State Zip Code  
Charlotte VT 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.5082

Amount of Each Receipt this Period  
30.00

Political Contribution

**B.**

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

Mailing Address 300 Partridge Lane

City State Zip Code  
Charlotte VT 05445

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

Name of Employer MVP Service Corp. Occupation VP Vermont

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

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

**Transaction ID:** SA11AI.5134

Amount of Each Receipt this Period  
30.00

Political Contribution

**C.**

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

Mailing Address 19 Crimson Way

City State Zip Code  
Webster NY 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.5048

Amount of Each Receipt this Period  
40.00

Political Contribution

**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 19 / 24  
(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 State Zip Code  
Webster NY 14580

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

Name of Employer MVP Occupation VP, Underwriting and Analysis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

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

**Transaction ID:** SA11AI.5100

Amount of Each Receipt this Period  
40.00

Political Contribution

**B.**

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.5072

Amount of Each Receipt this Period  
40.00

Political Contribution

**C.**

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

Mailing Address 21 Joellen Drive

City State Zip Code  
Rochester NY 14626

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

Name of Employer MVP Occupation VP, Business Excellence

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

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

**Transaction ID:** SA11AI.5124

Amount of Each Receipt this Period  
40.00

Political Contribution

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 24  
(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)  
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 ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.5066

Amount of Each Receipt this Period  
50.00

Political Contribution

**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 ▼ 800.00

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

**Transaction ID:** SA11AI.5118

Amount of Each Receipt this Period  
50.00

Political Contribution

**C.**

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

Mailing Address 3 Clare Castle

City State Zip Code  
Albany NY 12205

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

Name of Employer MVP Occupation Corp VP of Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

**Transaction ID:** SA11AI.5058

Amount of Each Receipt this Period  
30.00

Political Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.00**

**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 / 24  
(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)  
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 ▼ 480.00

Date of Receipt 12 / 18 / 2008

**Transaction ID:** SA11AI.5110

Amount of Each Receipt this Period 30.00

Political Contribution

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

Mailing Address 213 Hansen Avenue

City Albany State NY Zip Code 12208

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

Name of Employer MVP Occupation VP of Legal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 12 / 04 / 2008

**Transaction ID:** SA11AI.5059

Amount of Each Receipt this Period 30.00

Political Contribution

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

Mailing Address 213 Hansen Avenue

City Albany State NY Zip Code 12208

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

Name of Employer MVP Occupation VP of Legal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 18 / 2008

**Transaction ID:** SA11AI.5111

Amount of Each Receipt this Period 30.00

Political Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 22 / 24  
(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)  
Daniel Sauer  
Mailing Address 160 Fifth Avenue  
City Saratoga Springs State NY Zip Code 12866  
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 ▼ 450.00  
Date of Receipt 12 / 04 / 2008  
Transaction ID: SA11AI.5055  
Amount of Each Receipt this Period 30.00  
Political Contribution

**B.** Full Name (Last, First, Middle Initial)  
Daniel Sauer  
Mailing Address 160 Fifth Avenue  
City Saratoga Springs State NY Zip Code 12866  
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 ▼ 480.00  
Date of Receipt 12 / 18 / 2008  
Transaction ID: SA11AI.5107  
Amount of Each Receipt this Period 30.00  
Political Contribution

**C.** Full Name (Last, First, Middle Initial)  
Tracy Tadar-Ott  
Mailing Address 33 Everett Drive  
City Rochester State NY Zip Code 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 ▼ 450.00  
Date of Receipt 12 / 04 / 2008  
Transaction ID: SA11AI.5081  
Amount of Each Receipt this Period 30.00  
Political Contribution

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 24

(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)  
Tracy Tadar-Ott

Mailing Address 33 Everett Drive

City State Zip Code  
Rochester NY 14624

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

Name of Employer Occupation  
MVP VP, Sales

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

Date of Receipt

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

Transaction ID: SA11AI.5133

Amount of Each Receipt this Period

30.00

Political Contribution

**B.**

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
Middletown CT 06457

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

Name of Employer Occupation  
MVP CIO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.5068

Amount of Each Receipt this Period

30.00

Political Contribution

**C.**

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

Mailing Address 85 Pinehurst Place

City State Zip Code  
Middletown CT 06457

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

Name of Employer Occupation  
MVP CIO

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

Date of Receipt

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

Transaction ID: SA11AI.5120

Amount of Each Receipt this Period

30.00

Political Contribution

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

90.00

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

2000.00

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 24 / 24
	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 Deluxe Business Checks	Nature of Debt (Purpose): Check Printing
Mailing Address P.O. Box 742572	
City State ZIP Code Cincinnati OH 45274	

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

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

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