01/21/2009 11:33

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MVP Health Care Inc. Federal PAC 625 State Street ADDRESS (number and street) Check if different than previously Schenectady NY 12305 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00431429 Х REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 25 2008 12 3 1 2008 1 1 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Frank Fanshawe Type or Print Name of Treasurer Electronically Filed by Mr. Frank Fanshawe 0 1 2 1 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name MVP Health Care Inc. Federal PAC D D " D 25 12 1.1 2008 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 18579.84 January 1 (b) Cash on Hand at 17474.84 Begining of Reporting Period 2433.00 24615.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 19907.84 43194.84 6(a) and 6(c) for Column B) 0.00 23287.00 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 19907.84 19907.84 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 483.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

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

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

Report Covering the Period: From:

| M | M | D | D | To: | M | M | D | D | To: | To:

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ributions (other than loans) From: Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	2000.00	16610.00
	(ii) Unitemized	433.00	
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	2433.00	24615.00
(b)	Political Party Committees	0.00	0.00
()	Other Political Committees (such as PACs) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2433.00	24615.00
	sfers From Affiliated/Other Committees	0.00	0.00
3. All Lo	pans Received	0.00	0.00
4. Loan 5. Offse	Repayments Receivedets To Operating Expenditures	0.00	0.00
(Carr	unds, Rebates, etc.) y Totals to Line 37, page 5) nds of Contributions Made	0.00	0.00
	deral candidates and Other cal Committees	0.00	0.00
	r Federal Receipts dends, Interest, etc.)	0.00	0.00
8. Tran	sfers from Non-Federal and Levin Funds		
` '	lon-Federal Account (from Schedule H3)	0.00	0.00
(b) L	evin Funds (from Schedule H5)	0.00	0.00
(c) T	otal Transfer (add 18(a) and 18(b)).	0.00	0.00
	Receipts (add Lines 11(d), 3, 14, 15, 16, 17, and 18(c))	2433.00	24615.00
	Federal Receipts ract Line 18(c) from Line 19)	2433.00	24615.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
22.	Transfers to Affiliated/Other Party		
23.	Committees	0.00	0.00
24.	Federal Candidates/Committeesand Other Political CommitteesIndependent Expenditure	0.00	23250.00
	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
20.	(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

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	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

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	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 24 (check only one) X
A	ny information copied from such Reports and strong commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any per ename and address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)		
۱.	Ms. Mary Bianchi Mailing Address 6 Doris Drive		Date of Receipt
	City	State Zip Code	1 2 0 4 2 0 0 8 Transaction ID: SA11AI.5075
	Scotia	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	1 0
	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi	1	Date of Receipt
	Mailing Address 6 Doris Drive		12 / 18 / 2008
	City	State Zip Code	Transaction ID: SA11AI.5127
	Scotia	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Political Contribution
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	* .
. –	Full Name (Last, First, Middle Initial) Charles Bloss	1	Date of Receipt
	Mailing Address 708 Stephens Place		12 04 2008
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.5050 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP & chief Actuary	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
\[\frac{1}{2} \]	SUBTOTAL of Receipts This Page (optional) .	1	100.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or fo	nformation copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full)	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
\	IVP Health Care Inc. Federal PAC		
<u>. c</u>	ull Name (Last, First, Middle Initial) harles Bloss		Date of Receipt
_	lailing Address 708 Stephens Place	Olate 7's Oarle	12 18 2008
	ity Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.5102 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	40.00
N N	ame of Employer IVP	Occupation VP & chief Actuary	Political Contribution
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 640.00	
<u>s</u> . <u>s</u>	ull Name (Last, First, Middle Initial) ue Ann Brown	I	Date of Receipt
IV	lailing Address 9 Wembly Court		12 04 2008
	ity Delmar	State Zip Code NY 12054	Transaction ID: SA11AI.5085
F	EC ID number of contributing deral political committee.	NY 12054	Amount of Each Receipt this Period 20.00
N N	ame of Employer IVP	Occupation Administrative	Political Contribution
R	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
	ull Name (Last, First, Middle Initial) ue Ann Brown		Date of Receipt
M	lailing Address 9 Wembly Court		1 2 1 8 2 0 0 8
	ity	State Zip Code	Transaction ID: SA11AI.5137
F	Delmar EC ID number of contributing defeal political committee.	NY 12054	Amount of Each Receipt this Period 20.00
N N	ame of Employer IVP	Occupation Administrative	Political Contribution
R	eceipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
SHE	BTOTAL of Receipts This Page (optional)		80.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS by information copied from such Reports and Si	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 24 (check only one) X 11a
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committe	e to solicit contributions from such committee.
∠ .	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive		Date of Receipt 1 2 0 4 2 0 0 8
	City Rochester	State Zip Code NY 14618	Transaction ID: SA11AI.5049
	FEC ID number of contributing federal political committee.	C 14618	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP Medical Director Aggregate Year-to-Date ▼ 450.00	Political Contribution
 3.	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive		Date of Receipt 1 2 18 2008
	City	State Zip Code	Transaction ID: SA11Al.5101
	Rochester FEC ID number of contributing federal political committee.	NY 14618	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Medical Director	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 480.00	
	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive		Date of Receipt 1 2 0 4 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.5078
	Liverpool FEC ID number of contributing federal political committee.	NY 13090	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation Regional Network Director	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perse name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City	State Zip Code	Date of Receipt 1 2 1 8 2 0 0 8 Transaction ID: SA11AI.5130
Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP	NY 13090 C Occupation	Amount of Each Receipt this Period 30.00 Political Contribution
Receipt For: Primary General Other (specify)	Regional Network Director Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt 1 2 0 4 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.5063
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation Treasurer	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt 1 2 1 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.5115
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation Treasurer	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUPTOTAL of Possints This Page (ontional)		90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck only one)
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any name and address of any political commi	y person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
١.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		12 04 7 2008
	City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.5074 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation EVP Network Management	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.0	0
_	Full Name (Last, First, Middle Initial) Mark Fish	L	Date of Receipt
	Mailing Address 500 Normanskill Place	•	12 18 2008
	City	State Zip Code	Transaction ID: SA11AI.5126
	Slingerlands	NY 12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00 Political Contribution
	Name of Employer MVP	Occupation EVP Network Management	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	640.0	0
_	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code CT 06117	Transaction ID: SA11AI.5043
	W. Hartford FEC ID number of contributing federal political committee.	CT 06117	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation Exec VP	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.0	0
Γ	SUBTOTAL of Receipts This Page (optional)	l	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any perso name and address of any political committee to	
Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane City W. Hartford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code CT 06117 C Occupation Exec VP Aggregate Year-to-Date 640.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation VP Health Services Aggregate Year-to-Date 300.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12065 C Occupation VP Health Services Aggregate Year-to-Date 320.00	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	•	80.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any persename and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		12 04 2008
	City Rochester	State Zip Code NY 14610	Transaction ID: SA11AI.5079 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation VP, Medicare Products	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00	
	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		12 18 2008
	City	State Zip Code	Transaction ID: SA11AI.5131
	Rochester FEC ID number of contributing federal political committee.	NY 14610	Amount of Each Receipt this Period 60.00
	Name of Employer MVP	Occupation VP, Medicare Products	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 960.00	
	Full Name (Last, First, Middle Initial) Denise Gonick	<u> </u>	Date of Receipt
	Mailing Address 803 Via Marchella		12 04 2008
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.5060
	FEC ID number of contributing federal political committee.	C 12303	Amount of Each Receipt this Period 60.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
	SUBTOTAL of Receipts This Page (optional)	1	180.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16
C C	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per- e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		12 18 2008
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.5112 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 960.00	
_	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		12 04 2008
	City	State Zip Code	Transaction ID: SA11AI.5052
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation Vice President	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1200.00	
_	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		1 2 1 8 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.5104
	Loudon FEC ID number of contributing federal political committee.	NH 03307	Amount of Each Receipt this Period 80.00
	Name of Employer MVP	Occupation Vice President	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1280.00	
\lceil	SUBTOTAL of Receipts This Page (optional)		220.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights		12 04 2008
City	State Zip Code	Transaction ID: SA11AI.5057
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
Mailing Address 1 Loudon Heights		12 18 2008
City	State Zip Code	Transaction ID: SA11AI.5109
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
Mailing Address 237 Jacobs Road		1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.5071
Macedon	NY 14502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Service Corp.	Occupation VP Medicaid & Safety Net	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (optional)		150.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 24 (check only one) X
Ai or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)		
۱.	Kim Ann Hess Mailing Address 237 Jacobs Road		Date of Receipt 1 2 1 8 2 0 0 8
	City Macedon	State Zip Code NY 14502	Transaction ID: SA11AI.5123 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp.	Occupation VP Medicaid & Safety Net	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
 3.	Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive	Date of Receipt	
	City	State Zip Code	12 04 2008
	Fairport	NY 14450	Transaction ID: SA11AI.5070 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
_	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		12 / 18 / 2008
	City Fairport	State Zip Code NY 14450	Transaction ID: SA11AI.5122
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Occupation VP Information Technology		Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
S	SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 24 (check only one) X			
Any information copied from such Reports and St. or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions			
		1			
Dennis Kant	Full Name (Last, First, Middle Initial) Dennis Kant				
Mailing Address 11 White Briar		12 04 2008			
City Pittsford	State Zip Code NY 14534	Transaction ID: SA11AI.5061 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	30.00			
Name of Employer MVP	Occupation VP Finance	Political Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00				
Full Name (Last, First, Middle Initial) Dennis Kant		Date of Receipt			
Mailing Address 11 White Briar	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City <u>Pittsford</u>	State Zip Code NY 14534	Transaction ID: SA11AI.5113			
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00			
Name of Employer MVP	Occupation VP Finance	Political Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00				
Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt			
Mailing Address 12 Sutherland Drive		12 04 2008			
City	State Zip Code	Transaction ID: SA11AI.5067			
Highland Mills FEC ID number of contributing federal political committee.	NY 10930	Amount of Each Receipt this Period 30.00			
Name of Employer MVP	Occupation VP of Mid-Hudson Region	Political Contribution			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00				
SUBTOTAL of Receipts This Page (optional)		90.00			
TOTAL This Period (last page this line number of	only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any peename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		12 18 2008
	City	State Zip Code	Transaction ID: SA11AI.5119
	Highland Mills	NY 10930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	Political Contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	480.00	
	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		12 04 2008
	City	State Zip Code	Transaction ID: SA11AI.5073
	Binghamton	NY 13905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Southern	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	450.00	
	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.5125
	Binghamton	NY 13905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Southern	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	
		<u> </u>	90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
	Mailing Address 300 Partridge Lane		12 04 2008
	City	State Zip Code	Transaction ID: SA11AI.5082
	Charlotte	VT 05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermont	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
_	Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
	Mailing Address 300 Partridge Lane	12 18 2008	
	City	State Zip Code	Transaction ID: SA11AI.5134
	Charlotte	VT 05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Political Contribution
	Name of Employer MVP Service Corp.	Occupation VP Vermont	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	480.00	
_	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.	Date of Receipt	
	Mailing Address 19 Crimson Way		12 04 2008
	City	State Zip Code	Transaction ID: SA11AI.5048
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer Occupation VP, Underwriting and A		Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	600.00	
			100.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 24 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.			Date of Receipt
Mailing Address 19 Crimson Way	12 18 2008		
City	State	Zip Code	Transaction ID: SA11AI.5100
Webster	NY	14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP	Occupation VP, Unde	n erwriting and Analysis	Political Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 640.00	
Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt
Mailing Address 21 Joellen Drive	12 04 2008		
City	State	Zip Code	Transaction ID: SA11Al.5072
Rochester	NY	14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP	Occupation VP, Busin	n ness Excellence	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt
Mailing Address 21 Joellen Drive			1 2 1 8 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.5124
Rochester	NY	14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP	Occupation VP, Busin	n ness Excellence	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 640.00	
SUBTOTAL of Receipts This Page (optional)			120.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 24 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A oı	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may and addr	not be sold or used by any pers less of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			12 04 2008
	City Glenmont	State NY	Zip Code 12077	Transaction ID: SA11AI.5066
	FEC ID number of contributing federal political committee.	C	12077	Amount of Each Receipt this Period 50.00
	Name of Employer MVP	Occupation EVP, HR		Political Contribution
	Receipt For: Primary General Other (specify)	. ' 	Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road	12 18 2008		
	City	State	Zip Code	Transaction ID: SA11AI.5118
	Glenmont	NY	12077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00 Political Contribution
	Name of Employer MVP	Occupation EVP, HR		Political Contribution
	Receipt For:	Aggregate \	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	800.00	
	Full Name (Last, First, Middle Initial) David Orlando	<u> </u>		Date of Receipt
	Mailing Address 3 Clare Castle			1 2 0 4 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.5058
	Albany FEC ID number of contributing	NY	12205	Amount of Each Receipt this Period
	federal political committee.	C		30.00
	Name of Employer MVP	Occupation Corp VP o	of Operations	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 450.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		130.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 24 (check only one) X
ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial) David Orlando			Date of Receipt
Mailing Address 3 Clare Castle			12 18 2008
City	State	Zip Code	Transaction ID: SA11AI.5110
Albany	NY	12205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupation Corp VP	n of Operations	Political Contribution
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Dawn Ryman			Date of Receipt
Mailing Address 213 Hansen Avenue			12 04 2008
City	State	Zip Code	Transaction ID: SA11AI.5059
Albany	NY	12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupation VP of Leg	n gal Affairs	Political Contribution
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		450.00	
Full Name (Last, First, Middle Initial) Dawn Ryman			Date of Receipt
Mailing Address 213 Hansen Avenue			12 18 2008
City	State	Zip Code	Transaction ID: SA11AI.5111
Albany	NY	12208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	1 '	gal Affairs	Political Contribution
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary ☐ General Other (specify) ▼		480.00	
UBTOTAL of Receipts This Page (optional) .	-		90.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 24 (check only one) X 11a
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
City Saratoga Springs	State Zip Code NY 12866	Transaction ID: SA11AI.5055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Sales	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
Mailing Address 160 Fifth Avenue		1 2 1 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.5107
Saratoga Springs FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP Sales	Political Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott	<u> </u>	Date of Receipt
Mailing Address 33 Everett Drive		M M / D D / Y Y Y Y Y Y 1 1 2 0 0 8
City Rochester	State Zip Code NY 14624	Transaction ID: SA11AI.5081 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP, Sales	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
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 23 / 24 (check only one) X 11a		
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
MVP Health Care Inc. Federal PAC				
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt		
Mailing Address 33 Everett Drive		12 18 2008		
City Rochester	State Zip Code NY 14624	Transaction ID: SA11AI.5133 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer MVP	Occupation VP, Sales	Political Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00			
Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt		
Mailing Address 85 Pinehurst Place	12 04 2008			
City	State Zip Code	Transaction ID: SA11AI.5068		
Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 30.00		
Name of Employer MVP	Occupation CIO	Political Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initial) John Vangraafeiland				
Mailing Address 85 Pinehurst Place		12 18 2008		
City	State Zip Code CT 06457	Transaction ID: SA11AI.5120		
Middletown FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 30.00		
Name of Employer MVP	Occupation CIO	Political Contribution		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00			
SUBTOTAL of Receipts This Page (optional)		90.00		
TOTAL This Period (last page this line number	•	2000.00		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s)

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

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

xcluding Loans			numbered line)	(Check only one) X 10	
NAME OF COMMITTEE MVP Health Care Inc.					
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks				Nature of Debt (Purpose): Check Printing	
Mailing Address P.(D. Box 742572				
City Cincinnati	State OH	ZIP Code 45274			
Outstanding Baland	ce Beginning This Period		Tra	ansaction ID: SD10.4163	
	145.00				
Amount Inc	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
	0.00	0.00		145.00	
B. Full Name (Last, I Media Well Done	First, Middle Initial) of Debtor	or Creditor	Nature of I Advertisi	Debt (Purpose): ng	
Mailing Address 96	Jay Street				
City Schenectady	State NY	ZIP Code 12305			
Outstanding Baland	ce Beginning This Period		Tra	ansaction ID: SD10.4165	
	338.00				
Amount Inc	urred This Period	Payment This Period	Outstand	ing Balance at Close of This Period	
	0.00	0.00)	338.00	
I) SUBTOTALS This I	Period This Page (optional)		•	483.00	
2) TOTALS This Period	I (last page this line number o	only)	. •	483.00	
) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0.00	
) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				483.00	