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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MVP Health Care Inc. Federal PAC 625 State Street ADDRESS (number and street) Check if different than previously Schenectady NY 12305 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00431429 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (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 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 09 30 2008 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 07 15 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) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 49

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

FEC Form 3X (Rev. 02/2003)

	<u> </u>		To: 09 30 2008
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2008 Y Y Y		18579.84
	(b) Cash on Hand at Begining of Reporting Period	18203.84	
	(c) Total Receipts (from Line 19)	9258.00	17132.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27461.84	35711.84
7.	Total Disbursements (from Line 31)	1021.00	9271.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26440.84	26440.84
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	483.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 49

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period:

From: 0.7

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Y Y Y Y Y 2 0 0 8

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	6140.00	10670.00
	(ii) Unitemized	3118.00	6462.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	9258.00	17132.00
(1	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9258.00	17132.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>P</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
Ì	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(1	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	9258.00	17132.00
	otal Federal Receipts Subtract Line 18(c) from Line 19)	9258.00	17132.00

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party		
3.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	1000.00	9250.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
3.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other The Political Constitution	0.00	0.00
	Than Political Committees		
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	21.00	21.00
0.	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	0.00	0.00
	With Federal Funds		0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1021.00	9271.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	1001.00	0074.00
	from Line 31)	1021.00	9271.00

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)	9258.00	17132.00
44. Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	9258.00	17132.00
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 49 (check only one) X 11a
or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Raymond Augusta Mailing Address 457 Crescent Avenue		Date of Receipt
		09 05 2008
City Saratoga Springs	State Zip Code NY 12866	Transaction ID: SA11AI.4776
FEC ID number of contributing federal political committee.	C 12800	Amount of Each Receipt this Period 750.00
Name of Employer MVP	Occupation VP Market Innovation	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
Mailing Address 6 Doris Drive	08 14 2008	
City	State Zip Code	Transaction ID: SA11AI.4698
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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
Mailing Address 6 Doris Drive	08 28 2008	
City	State Zip Code	Transaction ID: SA11AI.4699
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:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		810.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi Mailing Address 6 Doris Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Service Corp Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation VP, Sales Ops Aggregate Year-to-Date 300.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12303 C Occupation VP & chief Actuary Aggregate Year-to-Date 240.00	Date of Receipt M M J J J J J J J J J J J J J J J J J
SUBTOTAL of Receipts This Page (optional)	······	100.00

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	talamanta man	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 11
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and add	rhot be sold of used by any pers lress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place City	State	Zip Code	Date of Receipt 0 8 1 4 2 0 0 8 Transaction ID: SA11AI.4505
	Schenectady Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP & chie Aggregate		Political Contribution
_ 3.	Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place	0 0		Date of Receipt 0 8 2 8 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4507
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00 Political Contribution
	Name of Employer MVP	Occupation VP & chie	ef Actuary	— Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
- :.	Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place			Date of Receipt
				09 11 2008
	City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.4508 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	12303	40.00
	Name of Employer MVP	Political Contribution		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
	SUBTOTAL of Receipts This Page (optional)			120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 49 (check only one) X 11a
,	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persites 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) Charles Bloss			Date of Receipt
	Mailing Address 708 Stephens Place			09 25 2008
	City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.4509
	FEC ID number of contributing federal political committee.	C	12500	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP & chie		Political Contribution
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Carl Cameron	Date of Receipt		
	Mailing Address 285 Willowcrest Drive			0 8 1 4 2 0 0 8
	City	Transaction ID: SA11AI.4499		
	Rochester	NY	14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00 Political Contribution
	Name of Employer MVP	Occupation VP Medic	n eal Director	Political Contribution
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
	Full Name (Last, First, Middle Initial) Carl Cameron			Date of Receipt
	Mailing Address 285 Willowcrest Drive			08 28 2008
	City	State	Zip Code	Transaction ID: SA11AI.4500
	Rochester FEC ID number of contributing	C	14618	Amount of Each Receipt this Period 30.00
	federal political committee.			Political Contribution
	Name of Employer MVP		al Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional) .			100.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(crieck offly offe)		
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 name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.		
Full Name (Last, First, Middle Initial) Carl Cameron	Full Name (Last, First, Middle Initial) Carl Cameron			
City Rochester	State Zip Code NY 14618	0 9		
FEC ID number of contributing federal political committee.	C	30.00 Political Contribution		
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP Medical Director Aggregate Year-to-Date 270.00			
Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID: SA11AI.4502		
Rochester	NY 14618	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	30.00		
Name of Employer MVP	Occupation VP Medical Director	Political Contribution		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt		
Mailing Address 7723 Majestic Drive		08 14 2008		
City	State Zip Code NY 13090	Transaction ID: SA11AI.4724		
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 ▼ 210.00	0		
SUBTOTAL of Receipts This Page (optional)		90.00		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any pe name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
<u> </u>	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive		08 28 7 2008
	City	State Zip Code	Transaction ID: SA11AI.4725
	Liverpool FEC ID number of contributing	NY 13090	Amount of Each Receipt this Period
	federal political committee.	C	30.00
	Name of Employer MVP	Occupation Regional Network Director	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Patricia Deferio	Date of Receipt	
	Mailing Address 7723 Majestic Drive	0 9 1 1 1 2 0 0 8	
	City	Transaction ID: SA11AI.4726	
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Regional Network Director	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	270.00	
	Full Name (Last, First, Middle Initial) Patricia Deferio	<u> </u>	Date of Receipt
	Mailing Address 7723 Majestic Drive	09 25 2008	
	City	State Zip Code	Transaction ID: SA11AI.4727
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		
	Name of Employer MVP	Political Contribution	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
			90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
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 e name and address	be sold or used by any person sof any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC			
	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			08 28 2008
	City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.4607 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP	Occupation Treasurer		Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 210.00	
_	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe	Date of Receipt		
	Mailing Address 430 Ridgehill Road			0 9 1 1 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4608
	Schenectady FEC ID number of contributing federal political committee.	C	12303	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation Treasurer		Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 240.00	
_	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe	1		Date of Receipt
	Mailing Address 430 Ridgehill Road			09 25 2008
	City	State	Zip Code	Transaction ID: SA11AI.4609
	Schenectady FEC ID number of contributing federal political committee.	NY C	12303	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation Treasurer		Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 270.00	
	SUBTOTAL of Receipts This Page (optional)			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 13 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 11
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 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		
۸.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		07 31 2008
	City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.4690 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 12139	40.00
	Name of Employer MVP	Occupation EVP Network Management	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
_	Full Name (Last, First, Middle Initial) Mark Fish	Date of Receipt	
	Mailing Address 500 Normanskill Place	08 14 2008	
	City	State Zip Code	Transaction ID: SA11AI.4691
	Slingerlands FEC ID number of contributing federal political committee.	NY 12159	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation EVP Network Management	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 280.00	
_	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place	08 28 YYYY 28 2008	
	City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.4692 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 ▼ 320.00	
	SUBTOTAL of Receipts This Page (optional)	1	120.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/49 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		,,,	
Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
Mailing Address 500 Normanskill Pla	се		09 11 2008
City Slingerlands	State NY	Zip Code 12159	Transaction ID: SA11AI.4693 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP	Occupation EVP Net	n work Management	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
Mailing Address 500 Normanskill Pla	ce		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Slingerlands	State NY	Zip Code 12159	Transaction ID: SA11AI.4694
FEC ID number of contributing federal political committee.	C	12100	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation EVP Net	n work Management	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Al Gatti			Date of Receipt
Mailing Address 8 Wendy Lane			07 31 2008
City W. Hartford	State CT	Zip Code 06117	Transaction ID: SA11AI.4442 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP	Occupation Exec VP	n	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1	120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perename and address of any political committee	son for the purpose of soliciting contributions
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 280.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
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 ▼ 360.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	1	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e (check only one)
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by ar ne name and address of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
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 ▼	Date of Receipt M M M D D D D Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Roa City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	d State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Roa City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date 300.0	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		160.00

TEMIZED RECEIPTS for each category of		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 4 (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)	itatements may not name and address	be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions	
MVP Health Care Inc. Federal PAC				
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt	
Mailing Address 165 Windemere Road			07 31 2008	
City		Zip Code	Transaction ID: SA11AI.4730	
Rochester	NY	14610	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		60.00	
Name of Employer MVP	Occupation VP, Medicare	e Products	Political Contribution	
Receipt For: Primary General Other (specify)	Aggregate Yea	ur-to-Date ▼ 360.00	1	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road			Date of Receipt	
			08 14 2008	
City	State	Zip Code	Transaction ID: SA11Al.4731	
Rochester	NY	14610	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		60.00 Political Contribution	
Name of Employer MVP	Occupation VP, Medicare	e Products	- I ontical contribution	
Receipt For: Primary General Other (specify)	Aggregate Yea	r-to-Date ▼ 420.00]	
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt	
Mailing Address 165 Windemere Road			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.4732	
Rochester	NY	14610	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		60.00	
Name of Employer MVP	Occupation VP, Medicare	e Products	Political Contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	480.00		
SUBTOTAL of Receipts This Page (optional)	1		180.00	

SCHEDULE A ITEMIZED REC	•		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 49 (check only one) X
or for commercial purports	oses, other than using the n	tements may ame and add	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Fir Patrick Glavey	st, Middle Initial)			Date of Receipt
Mailing Address 1	65 Windemere Road			09 / 11 / Y Y Y Y Y
City Rochester		State NY	Zip Code 14610	Transaction ID: SA11AI.4733 Amount of Each Receipt this Period
FEC ID number of of federal political com		C		60.00
Name of Employer MVP		Occupation VP, Medi	care Products	Political Contribution
Receipt For: Primary Other (specify	General ▼	Aggregate	Year-to-Date ▼ 540.00	
Full Name (Last, Fir Patrick Glavey	st, Middle Initial)			Date of Receipt
Mailing Address 1	65 Windemere Road			09 25 2008
City		State	Zip Code	Transaction ID: SA11AI.4734
Rochester		NY	14610	Amount of Each Receipt this Period
FEC ID number of of federal political com		C		60.00 Political Contribution
Name of Employer MVP		Occupation VP, Medi	n care Products	1 ontical contribution
Receipt For: Primary Other (specify	General ▼	Aggregate	Year-to-Date ▼ 600.00]
Full Name (Last, Fir Denise Gonick	st, Middle Initial)			Date of Receipt
Mailing Address 8	03 Via Marchella			07 03 2008
City		State	Zip Code	Transaction ID: SA11AI.4573
Schenectady FEC ID number of of federal political com		C	12303	Amount of Each Receipt this Period 60.00
Name of Employer MVP		Occupation EVP & C	n hief Legal Officer	Political Contribution
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 240.00	
SUBTOTAL of Receig	ats This Page (ontional)			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 19 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 1
,	ony 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 personame 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 City	State Zip Code	0 7 1 7 2 0 0 8 Transaction ID: SA11AI.4574
	Schenectady	NY 12303	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 ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Denise Gonick	<u>I</u>	Date of Receipt
	Mailing Address 803 Via Marchella		07 31 7 2008
	City	State Zip Code	Transaction ID: SA11AI.4575
	Schenectady FEC ID number of contributing federal political committee.	NY 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 ▼ 360.00	
_	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		0 8 1 4 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.4576
	Schenectady FEC ID number of contributing federal political committee.	NY 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 ▼ 420.00	
	SUBTOTAL of Receipts This Page (optional)		180.00

ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 49 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	ne name and add	areas or any pontion committee to	y solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			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: SA11Al.4577
Schenectady FEC ID number of contributing federal political committee.	C	12303	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupatio	n hief Legal Officer	Political Contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.4578 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	60.00
Name of Employer MVP	Occupatio	n hief Legal Officer	Political Contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt
Mailing Address 803 Via Marchella			09 25 2008
City	State NY	Zip Code	Transaction ID: SA11AI.4579
Schenectady FEC ID number of contributing federal political committee.	C	12303	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupatio EVP & C	n hief Legal Officer	Political Contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional)			180.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	·)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 49 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any person	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	the name and date	areas of any political committee to	SOIGH SOITH SOUR COMMITTEE.
Full Name (Last, First, Middle Initial) Gale Harris			Date of Receipt
Mailing Address 19 Heritage Pkwy			0 8 1 3 2 0 0 8
City Glenville	State NY	Zip Code 12302	Transaction ID: SA11AI.4778
FEC ID number of contributing federal political committee.	C	12302	Amount of Each Receipt this Period 250.00
Name of Employer MVP	Occupation Director,		Political Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Christopher Henchey	l		Date of Receipt
Mailing Address 144 Berry Road			07 03 2008
City	State	Zip Code	Transaction ID: SA11AI.4517
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 Pres		Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320.00	
Full Name (Last, First, Middle Initial) Christopher Henchey			Date of Receipt
Mailing Address 144 Berry Road			07 17 2008
City Loudon	State NH	Zip Code 03307	Transaction ID: SA11AI.4518 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	00007	80.00
Name of Employer MVP	Occupation Vice Pres		Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		410.00

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 person for the purpose of soliciting contributions		
or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.		
	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NH 03307 C Occupation Vice President	Date of Receipt M M M		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00			
 3.	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Loudon FEC ID number of contributing federal political committee.	State Zip Code NH 03307	Amount of Each Receipt this Period 80.00		
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Vice President Aggregate Year-to-Date ▼ 560.00	Political Contribution		
 }.	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt 0 8 2 8 2 0 0 8		
	City	State Zip Code	Transaction ID: SA11AI.4521		
	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 ▼ 640.00			
Si	UBTOTAL of Receipts This Page (optional)		240.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 49 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		0 9 1 1 2 0 0 8
City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.4522 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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		0 9 2 5 2 0 0 8
City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.4523
FEC ID number of contributing federal political committee.	C	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 ▼ 800.00	
Full Name (Last, First, Middle Initial) David Henderson	<u> </u>	Date of Receipt
Mailing Address 1 Loudon Heights		07 03 YYYYY 2008
City Loudonville	State Zip Code NY 12211	Transaction ID: SA11AI.4552
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional)		220.00
TOTAL This Period (last page this line number	only)	

CHEDULE A (FEC Form 3X) Use separate sched for each category of Detailed Summary F		FOR LINE NUMBER: PAGE 24 / 45 (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)	Statements may not be sold or used by any per e name and address of any political committee	rson 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		07 17 2008	
City Loudonville	State Zip Code NY 12211	Transaction ID: SA11AI.4553	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00	
Name of Employer MVP	Occupation	Political Contribution	
Receipt For: Primary General Other (specify) ▼	EVP, Sales and Marketing Aggregate Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt	
Mailing Address 1 Loudon Heights		07 31 YYYY 2008	
City	State Zip Code	Transaction ID: SA11AI.4554	
Loudonville	NY 12211	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	60.00 Political Contribution	
Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 360.00		
Full Name (Last, First, Middle Initial) David Henderson	I.	Date of Receipt	
Mailing Address 1 Loudon Heights		08 14 2008	
City	State Zip Code	Transaction ID: SA11AI.4555	
Loudonville FEC ID number of contributing federal political committee.	NY 12211	Amount of Each Receipt this Period 60.00	
Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		
SUBTOTAL of Receipts This Page (optional) .		180.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 49 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may	not be sold or used by any person of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		areas or any political committee to	y solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Henderson			Date of Receipt
Mailing Address 1 Loudon Heights			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Loudonville	State NY	Zip Code 12211	Transaction ID: SA11AI.4556 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12211	60.00
Name of Employer MVP	Occupatio	n es and Marketing	Political Contribution
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) David Henderson			Date of Receipt
Mailing Address 1 Loudon Heights			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.4557
Loudonville FEC ID number of contributing	NY	12211	Amount of Each Receipt this Period 60.00
federal political committee.	C		
Name of Employer MVP	Occupatio EVP, Sal	n es and Marketing	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	
Full Name (Last, First, Middle Initial) David Henderson			Date of Receipt
Mailing Address 1 Loudon Heights			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.4558
Loudonville FEC ID number of contributing federal political committee.	C	12211	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupatio EVP. Sal	n es and Marketing	Political Contribution
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (optional	.l\		180.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(for each category of the Detailed Summary Page	(Crieck only one)
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 e name and address of any political commi	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		Data of Bassici
Kim Ann Hess Mailing Address 237 Jacobs Road		Date of Receipt M M
City <u>Macedon</u>	State Zip Code NY 14502	Transaction ID: SA11AI.4656 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 ▼ 210.0	0
Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
Mailing Address 237 Jacobs Road		08 28 2008
City	State Zip Code	Transaction ID: SA11AI.4657
Macedon	NY 14502	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 Medicaid & Safety Net	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.0	0
Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
Mailing Address 237 Jacobs Road		09 / 11 / 2008
City Macedon	State Zip Code NY 14502	Transaction ID: SA11AI.4658 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 ▼ 270.0	0
SUBTOTAL of Receipts This Page (optional) .		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 49 (check only one) X 11a
An	y 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 perse name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		09 25 2008
	City Macedon	State Zip Code NY 14502	Transaction ID: SA11AI.4659 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 ▼ 300.00	
	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		0 8 1 4 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.4649
	Fairport FEC ID number of contributing federal political committee.	NY 14450	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 ▼ 210.00	
	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		08 28 2008
	City	State Zip Code	Transaction ID: SA11AI.4650
	Fairport FEC ID number of contributing federal political committee.	NY 14450	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 ▼ 240.00	
S	UBTOTAL of Receipts This Page (optional)		90.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 49 (check only one) X
0	ny information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any 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) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		09 11 2008
	City	State Zip Code	Transaction ID: SA11AI.4651
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
	Full Name (Last, First, Middle Initial) Kevin Husted	1	Date of Receipt
	Mailing Address 38 Fox Hill Drive		09 / 25 / 2008
	City	State Zip Code	Transaction ID: SA11Al.4652
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Political Contribution
	Name of Employer MVP	Occupation VP Information Technology	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	300.00	
_	Full Name (Last, First, Middle Initial) Dennis Kant	1	Date of Receipt
	Mailing Address 11 White Briar		08 / 14 / 2008
	City	State Zip Code	Transaction ID: SA11AI.4583
	Pittsford	NY 14534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Political Contribution
	Name of Employer MVP	Occupation VP Finance	- Ontical Continution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	210.00	
Г			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 29 / 49 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements mand add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary Other (specify)	State NY C Occupatio VP Finar Aggregate		Date of Receipt M M 28 2008 Transaction ID: SA11AI.4584 Amount of Each Receipt this Period 30.00 Political Contribution
Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupatio VP Finar Aggregate		Date of Receipt M M / D D / Y Y Y Y Y O 9
Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State NY C Occupatio VP Finar Aggregate		Date of Receipt M M M / D D / 25 / 2008 Transaction ID: SA11AI.4586 Amount of Each Receipt this Period 30.00 Political Contribution
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 30 / 49 (check only one) X 11a 11b 11c 12 12 15 16 11c 15
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any persor name and address of any political committee to s	for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
Mailing Address 12 Sutherland Drive		0 8
City Highland Mills	State Zip Code NY 10930	Transaction ID: SA11AI.4794 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 Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
Mailing Address 12 Sutherland Drive		08 28 2008
City Highland Mills	State Zip Code NY 10930	Transaction ID: SA11AI.4795 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 Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Joseph Lia	<u> </u>	Date of Receipt
Mailing Address 12 Sutherland Drive		0 9 1 1 2 0 0 8
City Highland Mills	State Zip Code NY 10930	Transaction ID: SA11AI.4796 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 Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional)	·····	90.00
TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	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 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) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		09 / 25 / 4 2008
	City Highland Mills	State Zip Code NY 10930	Transaction ID: SA11AI.4797 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 Other (specify)	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Leonard Lindenmuth	I	Date of Receipt
	Mailing Address 33 Oak Street		08 14 2008
	City	State Zip Code	Transaction ID: SA11AI.4684
	Binghamton FEC ID number of contributing federal political committee.	NY 13905	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Southern	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00	
	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		08 / 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.4685
	Binghamton FEC ID number of contributing federal political committee.	NY 13905	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Southern	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
			90.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Grilly Grie)
ny information copied from such Reports and S r 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 e name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Leonard Lindenmuth Mailing Address 33 Oak Street		Date of Receipt
City	State Zip Code	0 9 1 1 2 0 0 8 Transaction ID: SA11Al.4686
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: Primary General Other (specify)	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
Mailing Address 33 Oak Street		09 25 7 9008
City	State Zip Code	Transaction ID: SA11AI.4687
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: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
Mailing Address 300 Partridge Lane		0 8 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Charlotte	State Zip Code VT 05445	Transaction ID: SA11AI.4752 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 ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)		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 33 / 49 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements ma name and ad	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	MVP Health Care Inc. Federal PAC			
A.	Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
	Mailing Address 300 Partridge Lane			08 / 28 / 2008
	City Charlotte	State VT	Zip Code 05445	Transaction ID: SA11AI.4754 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Service Corp.	Occupatio VP Verm		Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
— В.	Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
	Mailing Address 300 Partridge Lane			09 11 7 2008
	City Charlotte	State VT	Zip Code 05445	Transaction ID: SA11AI.4755 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Service Corp.	Occupatio VP Verm		Political Contribution
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 270.00	
_ С.	Full Name (Last, First, Middle Initial) William V. Little			Date of Receipt
	Mailing Address 300 Partridge Lane			09 25 2008
	City Charlotte	State VT	Zip Code 05445	Transaction ID: SA11AI.4753 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	UJ-HU	30.00
	Name of Employer MVP Service Corp.	Occupatio VP Verm		Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
\[\frac{1}{5}\]	SUBTOTAL of Receipts This Page (optional)			90.00
-	FOTAL This Period (last page this line number	only)	······································	

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 49 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
		07 31 2008
City	State Zip Code	Transaction ID: SA11AI.4491
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00 Political Contribution
Name of Employer MVP	Occupation VP, Underwriting and Analysis	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.	<u> </u>	Date of Receipt
Mailing Address 19 Crimson Way		M M / D D / Y Y Y Y Y Y A A A A A A A A A A A A A
City	State Zip Code	Transaction ID: SA11AI.4492
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4493
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
SUBTOTAL of Receipts This Page (optional) .	1	120.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
City	State Zip Code	0 9 1 1 2 0 0 8 Transaction ID: SA11AI.4494
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		09 / 25 / Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4495
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00 Political Contribution
Name of Employer MVP	Occupation VP, Underwriting and Analysis	Folitical Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Dr. Anthony J. Mangiapane		Date of Receipt
Mailing Address 8 Outlook Drive		08 13 2008
City	State Zip Code	Transaction ID: SA11AI.4780
<u>Mechanicville</u>	NY 12118	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00 Political Contribution
Name of Employer MVP Service Corp.	Occupation Physician	1 Ollifical Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		330.00
TOTAL This Period (last page this line numbe	r only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and strong 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	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) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		07 31 7 2008
	City Rochester	State Zip Code NY 14626	Transaction ID: SA11AI.4676
	FEC ID number of contributing federal political committee.	C 14020	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Business Excellence	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Laurie Metheny	I	Date of Receipt
	Mailing Address 21 Joellen Drive		0 8 1 4 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.4677
	Rochester FEC ID number of contributing federal political committee.	NY 14626	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Business Excellence	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	280.00	
	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		08 28 2008
	City	State Zip Code	Transaction ID: SA11AI.4678
	Rochester FEC ID number of contributing federal political committee.	NY 14626	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Business Excellence	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .		120.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 49 (check only one) X
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person and address of any political committee to	
MVP Health Care Inc. Federal PAC		1
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
City	State Zip Code	0 9 1 1 2 0 0 8 Transaction ID: SA11AI.4679
Rochester FEC ID number of contributing federal political committee.	NY 14626	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation VP, Business Excellence	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
		09 25 2008
City Rochester	State Zip Code NY 14626	Transaction ID: SA11AI.4680 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Business Excellence	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		07 17 2008
City <u>Glenmont</u>	State Zip Code NY 12077	Transaction ID: SA11AI.4625 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation EVP, HR	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	·	130.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for eac	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 38 / 49 (check only one) X
A oı	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be so name and address of a	old or used by any persony 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) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			07 31 2008
	City Glenmont	State Zip (Transaction ID: SA11AI.4626 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer MVP	Occupation EVP, HR		Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			08 14 2008
	City		Code	Transaction ID: SA11AI.4627
	Glenmont	NY 120	77	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		Folitical Contribution
	Receipt For: Primary General	Aggregate Year-to-I	Date ▼	
	Other (specify)		350.00	
	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			08 28 2008
	City	•	Code	Transaction ID: SA11AI.4628
	Glenmont FEC ID number of contributing federal political committee.	NY 120	//	Amount of Each Receipt this Period 50.00
	Name of Employer MVP	Occupation EVP, HR		Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Date ▼ 400.00	
\lceil	SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC F ITEMIZED RECEIPTS	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 49 (check only one) X
Any information copied from such	Reports and Statements may	not be sold or used by any persites to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In F MVP Health Care Inc. Fed	ull)	aress of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle James Morrill	Initial)		Date of Receipt
Mailing Address 54 Hender	rson Road		0 9 1 1 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4629
Glenmont FEC ID number of contributing federal political committee.	NY 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) ▼	Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle James Morrill	Initial)		Date of Receipt
Mailing Address 54 Henderson Road			09 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State NY	Zip Code	Transaction ID: SA11AI.4630
Glenmont FEC ID number of contributing federal political committee.		12077	Amount of Each Receipt this Period 50.00
Name of Employer MVP	Occupation EVP, HR		Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle David Orlando	Initial)		Date of Receipt
Mailing Address 3 Clare Ca	astle		08 14 2008
City	State	Zip Code	Transaction ID: SA11AI.4562
Albany FEC ID number of contributing federal political committee.	NY C	12205	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation Corp VP	n of Operations	Political Contribution
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Pa	(130.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename 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) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		08 / 28 / 2008
	City Albany	State Zip Code NY 12205	Transaction ID: SA11AI.4563 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Corp VP of Operations	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
_	Full Name (Last, First, Middle Initial) David Orlando	Date of Receipt	
	Mailing Address 3 Clare Castle	09 11 2008	
	City	State Zip Code	Transaction ID: SA11AI.4564
	Albany	NY 12205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Corp VP of Operations	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	270.00	
	Full Name (Last, First, Middle Initial) David Orlando	Date of Receipt	
	Mailing Address 3 Clare Castle		09 25 2008
	City	State Zip Code	Transaction ID: SA11AI.4565
	Albany FEC ID number of contributing federal political committee.	NY 12205	Amount of Each Receipt this Period 30.00
	Name of Employer Occupation MVP Corp VP of Operations		Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 49 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dawn Ryman Mailing Address 213 Hansen Avenue City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date	Date of Receipt M M D D D D D D D D
Full Name (Last, First, Middle Initial) Dawn Ryman Mailing Address 213 Hansen Avenue City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y 0 8 28 2008 Transaction ID: SA11AI.4570 Amount of Each Receipt this Period 30.00 Political Contribution
Full Name (Last, First, Middle Initial) Dawn Ryman Mailing Address 213 Hansen Avenue City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date 270.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate s for each categ Detailed Sumr	gory of the (Check only one)
A oi	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 us ename and address of any politic	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Dawn Ryman		Date of Receipt
	Mailing Address 213 Hansen Avenue		09 / 25 / 2008
	City Albany	State Zip Code NY 12208	Transaction ID: SA11AI.4572 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP of Legal Affairs	Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	300.00
	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt	
	Mailing Address 160 Fifth Avenue	0 8 / 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.4541
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Political Contribution
	Name of Employer MVP	Occupation VP Sales	Folitical Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00
	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt	
	Mailing Address 160 Fifth Avenue		0 8 / 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.4542
	Saratoga Springs FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period 30.00
	Name of Employer Occupation MVP VP Sales		Political Contribution
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	240.00
	SUBTOTAL of Receipts This Page (optional) .	1	90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 49 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date 270.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue City Saratoga Springs FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12866 C Occupation VP Sales Aggregate Year-to-Date 300.00	Date of Receipt M M
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date 210.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		90.00

	IEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 49 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for o	formation copied from such Reports and St commercial purposes, other than using the ME OF COMMITTEE (In Full) VP Health Care Inc. Federal PAC	atements may not be sold or used by any pers name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ma Gity FE fed Na Ma	Il Name (Last, First, Middle Initial) acy Tadaro-Ott illing Address 33 Everett Drive y ochester C ID number of contributing leral political committee. me of Employer /P ceipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date ▼	Date of Receipt M M
Gity FE fed Na	Il Name (Last, First, Middle Initial) acy Tadaro-Ott iiling Address 33 Everett Drive y ochester C ID number of contributing leral political committee. me of Employer //P ceipt For: Primary General Other (specify) ▼	State Zip Code NY 14624 C C C Occupation VP, Sales Aggregate Year-to-Date ▼ 270.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma City RC FE fed Na MV	Il Name (Last, First, Middle Initial) acy Tadaro-Ott illing Address 33 Everett Drive Ochester C ID number of contributing leral political committee. me of Employer /P ceipt For: Primary General Other (specify)	State Zip Code NY 14624 C Occupation VP, Sales Aggregate Year-to-Date 300.00	Date of Receipt M M M
SUBT	FOTAL of Receipts This Page (optional)		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 45 / 49 (check only one) X
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any per name and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		08 14 2008
	City	State Zip Code CT 06457	Transaction ID: SA11AI.4634
	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 ▼ 210.00	
	Full Name (Last, First, Middle Initial) John Vangraafeiland	Date of Receipt	
	Mailing Address 85 Pinehurst Place	M M / D D / Y Y Y Y Y Y Y Y X Y Z 0 0 8	
	City	State Zip Code	Transaction ID: SA11Al.4635
	Middletown	CT 06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Political Contribution
	Name of Employer MVP	Occupation CIO	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	
	Full Name (Last, First, Middle Initial) John Vangraafeiland	Date of Receipt	
	Mailing Address 85 Pinehurst Place		M M / D D / Y Y Y Y Y Y D D 1 1 1 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.4636
	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 ▼ 270.00	
Γ	SUBTOTAL of Receipts This Page (optional)	<u> </u>	90.00

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SCHEDULE A (FEC Form 3X)

Other (specify)

FOR LINE NUMBER: PAGE 46/49 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Date of Receipt John Vangraafeiland Mailing Address 85 Pinehurst Place 09 25 2008 City State Zip Code Transaction ID: SA11AI.4637 Middletown CT 06457 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Political Contribution Name of Employer MVP Occupation CIO Receipt For: Aggregate Year-to-Date Primary General 300.00

SUBTOTAL of Receipts This Page (optional)	•	30.00
TOTAL This Period (last page this line number only)	<u> </u>	6140.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		(V) Use separat	Use separate schedule(s) for each category of the		NUMBER:	PAGE 47/49			
		for each cat			y one)		۰- ۱	ء ٦	
		Detailed Sui	mmary Page	21b 27	22 X 23 28a 28b	24 28c	25 29	26 30b	
	y Information copied from such Reports an for commercial purposes, other than using	•				•			
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
\rangle	MVP Health Care Inc. Federal PAC								
	Full Name (Last, First, Middle Initial)				Transaction ID:	SB23.479	8		
	MICHAEL E. MR. MCMAHON				Date of Disburs	ement			
	Mailing Address 66 Arnold Street				09 7 2	29 / Y Y	0 0 8		
	City Staten Island		Zip Code 10301		Amount of Each			od	
	Purpose of Disbursement Political Contribution			011		10	00.00		
	Candidate Name			Category/ Type					
	Office Sought: X House Senate President	Disbursement For: X Primary Other (specification)	2008 General						
	State: NY District: 13		• •						

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	1000.00

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SC	CHEDULE B (FEC Form 3	Ilse senar	Use separate schedule(s) for each category of the Detailed Summary Page		NUMBER: PAGE 48 / 49				
ITE	EMIZED DISBURSEMENT	for each ca			y one) 22 23 24 25 26 28a 28b 28c X 29 30b				
•	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 PA	C							
	Full Name (Last, First, Middle Initial) Melanie Conner Mailing Address 625 State Street				Transaction ID: SB29.4801 Date of Disbursement M 9 M / D 1 D / Y 2 0 0 8 Amount of Each Disbursement this Period				
	City Schenectady	State NY	Zip Code 12305						
	Purpose of Disbursement Refund of Political Contributions		Г		21.00				
	Candidate Name			Category/ Type					
	Office Sought: House Senate President	Disbursement For: X Primary Other (spec	2008 General						
	State: District:		•						

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	21.00
TOTAL This Period (last page this line number only)		21.00

(Use separate

PAGE 49 / 49

					edule(s) r each	(check only one) 9				
Excluding Loans num						X 10				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC										
IVI	VI Tieanii Gare iiic. Fee	erai i AO								
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor				Nature of Debt (Purpose): Check Printing					
	Deluxe Business Checks									
	Mailing Address P.O. Bo									
	City	State	ZIP Code							
	Cincinnati	ОН	45274							
	Outstanding Balance Be	Outstanding Balance Beginning This Period			Transaction ID: SD10.4163					
		145.00								
	Amount Incurred	This Period	Payment This Period		Outstanding Balance at Close of This Period					
		0.00	0.00		145.00					
	B. Full Name (Last, First,	Middle Initial) of Debtor		Nature of Debt (Purpose):						
	Media Well Done				Advertising					
	Mailing Address 96 Jay Street									
	City	State	ZIP Code							
	Schenectady	NY	12305							
	Outstanding Balance Beginning This Period 338.00 Amount Incurred This Period				Transaction ID: SD10.4165 Outstanding Balance at Close of This Period					
			Payment This Period							
		0.00	0.00	·		338.00				
1) SUBTOTALS This Period This Page (optional)										
2)	TOTALS This Period (last	page this line number o	,		483.00					
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)										
ľ	3) TOTAL OUTSTANDING LOANS Trom Schedule C (last page only)									

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

483.00