04/21/2011 10:07

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FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABE OR TYPE OR PRINT ₩	Example:If typing, type over the lines	е	
l ,	MVP Health Care Inc. Federa	al PAC			1
ADI	DRESS (number and street)	625 State Street			
_	Check if different				
	than previously reported. (ACC)	Schenectady		L NY	12305
2.	FEC IDENTIFICATION NUM	IBER ♥	CITY A	STATE	ZIPCODE 🛕
	C00431429	3.	IS THIS NEW REPORT (N)	OR X AMEN	IDED
4.	TYPE OF REPORT (Choose One)	Due On:	H	20 (M5) Aug 20 (Year Only) Dec 20 (M12)
	(a) Quarterly Reports:			20 (M6) Sep 20 ((Non-Election Year Only)
	April 15 Quarterly Report(Q	1)		20 (M7) Oct 20 (
	July 15 Quarterly Report(Q		Primary (12P) Convention (12C)	General (12G) Special (12G	
	October 15 Quarterly Report(Q	Report for the:	Convention (120)	Special (12G)
	X January 31 Quarterly Report(Y	E)Ele	ction on		in the State of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election	` '	Runoff (30R)	Special (30S)
	Termination Report (TER)		ction on		in the State of
5.	Covering Period 1 1	23 2010	through	12 31 2	0 1 0
l ce	rtify that I have examined this I	Report and to the best of my	knowledge and belief it is true	, correct and complete.	
Тур	e or Print Name of Treasurer	Mr. Frank Fanshawe			
Sigi	nature of Treasurer Electron	nically Filed by Mr. Frank I	Fanshawe	Date 0 4	21 2011
NO.	TE : Submission of false, error	neous, or incomplete informa	tion may subject the person si	igning this Report to the per	nalties of 2 U.S.C 437g.
	Office Use Only			-	FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

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

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 $2\check{0}10^{\check{Y}}$		36764.84
	(b) Cash on Hand at Begining of Reporting Period	40542.34	
	(c) Total Receipts (from Line 19)	4955.00	47780.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45497.34	84544.84
	Total Disbursements (from Line 31)	12.00	39059.50
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45485.34	45485.34
	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
).	Debts and Obligations owed BY 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) Page 3

Write or Type Committee Name

MVP Health Care Inc. Federal PAC

Report Covering the Period:

м м 1 1

From:

^D 2^D 3

Y Y W Y 2 0 1 0

To:

м м 12 ^D 31

Y Y Y Y 2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	3920.00	30185.00
(ii) Unitemized	1035.00	17595.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4955.00	47780.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4955.00	47780.00
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
o. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4955.00	47780.00
. Total Federal Receipts (subtract Line 18(c) from Line 19)	4955.00	47780.00

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

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

II DISPUDSEMENTS	COLUMN A	Page 4 COLUMN B	
II. DISBURSEMENTS	- Total This Period	Calendar Year-to-Date	
Operating Expenditures: (a) Shared Federal/Non-Federal			
Activity (from Schedule H4) (i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating Expenditures	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to Federal Candidates/Committeesand Other Political Committees	0.00	39000.00	
Independent Expenditure			
(use Schedule E)	0.00	0.00	
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
6. Loan Repayments Made	0.00	0.00	
7. Loans Made8. Refunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	12.00	42.00	
(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))	12.00	42.00	
9. Other Disbursements	0.00	17.50	
80. 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))	12.00	39059.50	
32. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	12.00	39059.50	

DETAILED SUMMARY PAGE

of Disbursements

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

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	4955.00	47780.00
34.	Total Contribution Refunds (from Line 28(d))	12.00	42.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	4943.00	47738.00
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

FE6AN026

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	for commercial purposes, other than using the	statements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) Christopher Amorosi Mailing Address 57 Niskayuna Street		Date of Receipt
		7: 0 1	12 30 2010
	City Schenectady	State Zip Code NY 12306	Transaction ID: SA11AI.9853 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP	Occupation Manager, Medicare Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
 3.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive	12 02 7 2010	
	City	State Zip Code	Transaction ID: SA11AI.9864
	Scotia FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 720.00	
	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		1 2 3 0 2 0 1 0
	City	State Zip Code	Transaction ID: SA11AI.9865
	Scotia FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
		I	70.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/54 (check only one) X 11a
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 perso dress 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) Ms. Mary Bianchi			Date of Receipt
Mailing Address 6 Doris Drive			12 30 7 2010
City Scotia	State NY	Zip Code 12302	Transaction ID: SA11AI.9866 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12002	30.00
Name of Employer MVP Service Corp	Occupatio VP, Sale		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 780.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown			Date of Receipt
Mailing Address 9 Wembly Court			1 2 0 2 2 0 1 0
City	State	Zip Code	Transaction ID: SA11AI.9873
Delmar FEC ID number of contributing federal political committee.	C	12054	Amount of Each Receipt this Period 20.00
Name of Employer	Occupatio	n	
	Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown			Date of Receipt
Mailing Address 9 Wembly Court			1 2 1 6 2 0 1 0
City Delmar	State NY	Zip Code 12054	Transaction ID: SA11AI.9874
FEC ID number of contributing federal political committee.	C	12034	Amount of Each Receipt this Period 20.00
Name of Employer MVP	Occupatio Administ		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Year-to-Date ▼ 500.00	
			70.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full) IVP Health Care Inc. Federal PAC	atements may name and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A. <u>S</u> N	full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court Sity Delmar SEC ID number of contributing ederal political committee. Jame of Employer MVP Receipt For: Primary General	State NY C Occupation Administr Aggregate		Date of Receipt 1 2 3 0 2 0 1 0 Transaction ID: SA11AI.9875 Amount of Each Receipt this Period 20.00
3. <u>C</u> C	Other (specify) Gull Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester EC ID number of contributing ederal political committee. Ilame of Employer Receipt For:		Zip Code 14618	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
F F F F F F F F F F F F F F F F F F F	Primary General Other (specify) Gull Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester EC ID number of contributing ederal political committee. Jame of Employer MVP Receipt For:		Zip Code 14618 al Director Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Primary General Other (specify) ▼ BTOTAL of Receipts This Page (optional)	0 0	750.00	80.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse e name and address of any political committee t	son for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
Mailing Address 285 Willowcrest Drive)	12 30 YYYY 12 30 2010
City	State Zip Code	Transaction ID: SA11AI.9878
Rochester	NY 14618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	780.00	
Full Name (Last, First, Middle Initial) Laura Davis	I	Date of Receipt
Mailing Address 212 Meriline Ave.		1 2 0 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9893
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial) Laura Davis	I	Date of Receipt
Mailing Address 212 Meriline Ave.		1 2 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9894
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Health Care Inc	Occupation Clinical Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
		70.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	nd Statements may not be sold or used by any perso the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Laura Davis Mailing Address 212 Meriline Ave. City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Inc Receipt For: Primary General	State Zip Code NY 12302 C Occupation Clinical Pharmacist Aggregate Year-to-Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive		Date of Receipt 1 2 0 2 2 0 1 0
City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP	State Zip Code NY 13090 C Occupation	Transaction ID: SA11AI.9896 Amount of Each Receipt this Period 40.00
Receipt For: Primary General Other (specify)	Regional Network Director Aggregate Year-to-Date ▼ 870.00	
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City	State Zip Code	Date of Receipt 1 2 1 6 2 0 1 0 Transaction ID: SA11AI.9897
Liverpool FEC ID number of contributing federal political committee.	NY 13090	Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For:	Occupation Regional Network Director Aggregate Year-to-Date	
Primary General Other (specify) ▼	Aggregate Year-to-Date ♥ 910.00	
SUBTOTAL of Receipts This Page (optional	l)	100.00

or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive	Statements may not be sold or used by any person and address of any political committee to s	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive		
		Date of Receipt
City Liverpool	State Zip Code NY 13090	Transaction ID: SA11AI.9898 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 Regional Network Director Aggregate Year-to-Date 950.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9905
Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation Treasurer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 860.00	
Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
Mailing Address 430 Ridgehill Road		12 16 2010
City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.9906 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer MVP	Occupation Treasurer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (optional)		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 12 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	statements may not be sold or used by any person 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) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 12303 C Occupation Treasurer Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 1 0 Transaction ID: SA11AI.9907 Amount of Each Receipt this Period 40.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Kathleen Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12159 C Occupation Administrative Aggregate Year-to-Date 210.00	Date of Receipt M M J J B D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12159 C Occupation EVP, CFO Aggregate Year-to-Date 1260.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		110.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 54 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per ename and address of any political committee	erson for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Plac		12 16 2010
City Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.9918 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP, CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	
Full Name (Last, First, Middle Initial) Mark Fish	. L	Date of Receipt
Mailing Address 500 Normanskill Place	е	12 30 YYYYY 12 30 2010
City	State Zip Code	Transaction ID: SA11AI.9919
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP, CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1380.00	
Full Name (Last, First, Middle Initial) John Gajewski	. L	Date of Receipt
Mailing Address 166 Jordan Blvd		1 2 0 3 2 0 1 0
City Delmar	State Zip Code NY 12054	Transaction ID: SA11AI.9926
FEC ID number of contributing federal political committee.	NY 12054	Amount of Each Receipt this Period 20.00
Name of Employer MVP Health Care	Occupation Director EPMO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
SUBTOTAL of Receipts This Page (optional)		140.00

Mailing Address 166 Jordan Blvd City Delmar NY 12054 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Primary General Other (specify) ▼ State Zip Code Nailing Address 166 Jordan Blvd City Delmar NY 12054 Amount of Each Receipt this Period Poccupation Director EPMO Date of Receipt Transaction ID: SA11AI.9927 Amount of Each Receipt this Period Poccupation Director EPMO Date of Receipt Transaction ID: SA11AI.9928 Transaction ID: SA11AI.9928 Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: SA11AI.9928 Amount of Each Receipt Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	[SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any page.	X 11a 11b 11c 12 13 14 15 16 17 17 18 19 19 19 19 19 19 19
A. John Gajewski Mailling Address 166 Jordan Blvd City State Zip Code Delmar NY 12054 FEC ID number of contributing rederal political committee. Name of Employer MVP Health Care NY 12054 Full Name (Last, First, Middle Initial) John Gajewski Mailling Address 166 Jordan Blvd City State Zip Code Director EPMO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Author Color State Size Size Size Size Size Size Size Siz		NAME OF COMMITTEE (In Full)	name and address of any political committe	ee to solicit contributions from such committee.
City	Δ.	John Gajewski		<u> </u>
Delmar Delmar		- Walling Address 166 Jordan Bivd		
State Companies Compani			•	
Receipt For:		FEC ID number of contributing		
Primary		Name of Employer MVP Health Care	· ·	
Date of Receipt Date of R		Primary General		
City State Zip Code NY 12054 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Primary General Other (specify) ▼	- В.			Date of Receipt
Delmar NY 12054 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Primary General Other (specify) ▼ C. Date of Receipt Mailing Address 220 Alexander Street City State Zip Code NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Primary General Occupation VP Medical Quality Management Aggregate Year-to-Date ▼		Mailing Address 166 Jordan Blvd		
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Name of Employer MVP Health Care		•	·	
Receipt For:		FEC ID number of contributing		
Primary General Other (specify) ▼ A30.00		Name of Employer MVP Health Care	· ·	
C. Dominic Galante Mailing Address 220 Alexander Street City State Zip Code Rochester NY 14607 FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M 1 2 0 2 7 2 0 1 0 Transaction ID: SA11AI.9929 Amount of Each Receipt this Period 30.00		Primary General		
City Rochester Rochester NY 12 02 2010 Transaction ID: SA11AI.9929 Amount of Each Receipt this Period C Name of Employer MVP Health Care Occupation VP Medical Quality Management Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 420.00	- С.	·		Date of Receipt
Rochester NY 14607 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Occupation VP Medical Quality Management Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00		Mailing Address 220 Alexander Street		
FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Occupation VP Medical Quality Management Receipt For: Primary General Other (specify) Aggregate Year-to-Date 420.00		•	<u>'</u>	
Receipt For: Primary General Other (specify)		FEC ID number of contributing		
Receipt For: Primary Other (specify) Aggregate Year-to-Date 420.00		Name of Employer MVP Health Care	•	
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate Year-to-Date ▼	
		SUBTOTAL of Receipts This Page (optional)		70.00

TOTAL 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 15 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۷.	Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
	Mailing Address 220 Alexander Street		12 16 2010
	City Rochester	State Zip Code NY 14607	Transaction ID: SA11AI.9930 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care	Occupation VP Medical Quality Management	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 450.00	
- 3.	Full Name (Last, First, Middle Initial) Dominic Galante		Date of Receipt
	Mailing Address 220 Alexander Street		12 30 Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.9931
	Rochester	NY 14607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care	Occupation VP Medical Quality Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
. –	Full Name (Last, First, Middle Initial) Joyce Gallimore		Date of Receipt
	Mailing Address 3 Bay Crest Drive		12 02 2010
	City	State Zip Code	Transaction ID: SA11AI.9935
	South Burlington FEC ID number of contributing federal political committee.	VT 05403	Amount of Each Receipt this Period 0.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 258.00	
	OUDTOTAL of Descripts This Description ()		60.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 54 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and 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	n for the purpose of soliciting contributions o solicit contributions from such committee.
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Michael Gauci		Date of Receipt
Mailing Address 329 Mohawk Ave Apt 4 City	State Zip Code	12 31 2010
Scotia	NY 12302	Transaction ID: SA11AI.9938 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP Health Care	Occupation Associate Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
Mailing Address 75 Robinwood Drive		12 02 2010
City	State Zip Code	Transaction ID: SA11AI.9939
Clifton Park	NY 12065	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation VP Health Services	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	480.00]
Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
Mailing Address 75 Robinwood Drive		1 2 1 6 2 0 1 0
City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.9940
FEC ID number of contributing federal political committee.	C 12005	Amount of Each Receipt this Period 20.00
Name of Employer MVP	Occupation VP Health Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SURTOTAL of Receipts This Page (entional)		50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 54 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone 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) Bill Geddings		Date of Receipt
Mailing Address 75 Robinwood Drive		12 30 2010
Clifton Bork	State Zip Code NY 12065	Transaction ID: SA11AI.9941
Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 20.00
Name of Employer MVP	Occupation VP Health Services	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road	d	12 02 YYYY 12 02
City	State Zip Code	Transaction ID: SA11AI.9945
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00]
Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Road	d	12 16 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9946
Rochester	NY 14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1820.00	
SUBTOTAL of Receipts This Page (optional)		180.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 54 (check only one) X 11a
Ar	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 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		
۱.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road		Date of Receipt
			12 30 2010
	City	State Zip Code	Transaction ID: SA11AI.9947
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	Name of Employer MVP	Occupation VP, Medicare Products	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1900.00	
	Full Name (Last, First, Middle Initial) Denise Gonick	I	Date of Receipt
	Mailing Address 803 Via Marchella		12 02 7 2010
	City	State Zip Code	Transaction ID: SA11AI.9948
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	1580.00	
	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		12 16 2010
	City	State Zip Code	Transaction ID: SA11AI.9949
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	70.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	1650.00	
	IIPTOTAL of Possints This Page (entired)		220.00

City State Zip Code NY 12303 FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Name of Employer Mailing Address 134 Overlook Lane City State Zip Code NY 12056 FEC ID number of contributing federal political committee. Name of Employer MVP Ccupation IT Ombudsman Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Name of Employer MVP Ccupation IT Ombudsman Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City State Zip Code NY 12056 Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City State Zip Code NY 12056 Transaction ID: SA11AI.9952 Amount of Each Receipt Transaction ID: SA11AI.9952 Amount of Each Receipt Transaction ID: SA11AI.9952 Amount of Each Receipt this Per	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A. Date of Receipt Full Name (Last, First, Middle Initial) Date of Receipt Tasaction ID: SA11ALI9950 Amount of Each Receipt to: Primary General Other (specify) ▼ State Zip Code NY 12303 FEC ID number of contributing federal political committee. Name of Employer Michael Greppo Malling Address 134 Overlook Lane City Same of Employer Fec ID number of contributing Fec lip number of contributing Fec lip number of contributing Fel Name (Last, First, Middle Initial) Michael Greppo Malling Address 134 Overlook Lane City State Zip Code NY 12056 FEC ID number of contributing federal political committee. Name of Employer More of Each Receipt for: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael Greppo Malling Address 134 Overlook Lane City State Zip Code NY 12056 FEC ID number of contributing federal political committee. Name of Employer Michael Greppo Malling Address 134 Overlook Lane City Full Name (Last, First, Middle Initial) Michael Greppo Malling Address 134 Overlook Lane City State Zip Code NY 12056 Full Name (Last, First, Middle Initial) Michael Greppo Malling Address 134 Overlook Lane City State Zip Code NY 12056 Feceipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: SA11Al.9952 Amount of Each Receipt his Per Transaction ID: Compation IT Ombudsman Aggregate Year-to-Date ▼ Transaction ID: Cath 1Al.9952 Amount of Each Receipt his Per Transaction ID: Cath 1Al.9952 Amount of Each Receipt his Per Transaction ID: Cath 1Al.9952 Amount of Each Receipt his Per Primary General Aggregate Year-to-Date ▼ Transaction ID: Cath 1Al.9952 Amount of Each Receipt his Per Transaction ID: Cath 1Al.9952 Amount of Each Receipt his Per Transaction ID: Cath 1Al.9952 Transaction ID: Cath 1Al.9952	or for commercial purposes, other than using the	Statements may not be sold or used by any person ename and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Date of Receipt State	1 \		
City State Zip Code NY 12303 Amount of Each Receipt this Per FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Duanesburg FEC ID number of contributing federal political committee. Name of Employer More of Exployer FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg FEC ID number of contributing federal political committee. City Duanesburg FEC ID number of contributing FEC ID number of contribution FEC ID number of contributing FEC I	Denise Gonick		
Schenectady FEC ID number of contributing federal political committee. Name of Employer WYP Receipt For: Primary General Other (specify) ▼ Cuty State Zip Code NY 12056 FEC ID number of contributing federal political committee. Name of Employer WYP Date of Receipt this Per Tansaction ID: SA11AI.9951 Aggregate Year-to-Date ▼ Tansaction ID: SA11AI.9951 Amount of Each Receipt this Per Aggregate Year-to-Date ▼ Tansaction ID: SA11AI.9951 Amount of Each Receipt this Per Tansaction ID: SA11AI.9951 Amount of Each Receipt this Per Tansaction ID: SA11AI.9951 Amount of Each Receipt this Per Tansaction ID: SA11AI.9951 Amount of Each Receipt this Per Tansaction ID: SA11AI.9951 Amount of Each Receipt this Per Tansaction ID: SA11AI.9951 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952 Tansaction ID: SA11AI.9952 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952 Tansaction ID: SA11AI.9952 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952 Amount of Each Receipt this Per Tansaction ID: SA11AI.9952		Stato Zin Codo	12 30 2010
FEC ID number of contributing federal political committee. Name of Employer Name of Employer Cocupation	-		
Receipt For:	FEC ID number of contributing		70.00
Primary General Other (specify) ▼ 1720.00 Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City State Zip Code NY 12056 FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼ 240.00 Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City State Zip Code NY 12056 Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City State Zip Code NY 12056 FEC ID number of contributing federal political committee. City State Zip Code NY 12056 FEC ID number of contributing federal political committee. Name of Employer NY 12056 FEC ID number of contributing federal political committee. Name of Employer Occupation IT Ombudsman Receipt For: Aggregate Year-to-Date ▼	Name of Employer MVP	· ·	
Michael Greppo Mailing Address 134 Overlook Lane City State Zip Code NY 12056 FEC ID number of contributing federal political committee. Name of Employer Miling Address 134 Overlook Lane City State Zip Code NY 12056 Name of Employer IT Ombudsman Receipt For: Primary General Other (specify) ▼ 240.00 Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City State Zip Code NY 12056 Transaction ID: SA11AI.9951 Date of Receipt this Per 10 Tombudsman Date of Receipt this Per 11 Date of Receipt this Per 12 Transaction ID: SA11AI.9952 Transaction ID: SA11AI.9952 Amount of Each Receipt this Per 12 Transaction ID: SA11AI.9952 Amount of Each Receipt this Per 12 Transaction ID: SA11AI.9952 Amount of Each Receipt this Per 13 Transaction ID: SA11AI.9952 Amount of Each Receipt this Per 14 Transaction ID: SA11AI.9952 Amount of Each Receipt this Per 15 Transaction ID: SA11AI.9952 Amount of Each Receipt this Per 16 Transaction ID: SA11AI.9952 Amount of Each Receipt this Per 16 Transaction ID: SA11AI.9952 Amount of Each Receipt this Per 16 Transaction ID: SA11AI.9952 Amount of Each Receipt This Per 17 Transaction ID: SA11AI.9952 Amount of Each Receipt This Per 17 Transaction ID: SA11AI.9952 Amount of Each Receipt This Per 17 Transaction ID: SA11AI.9952 Amount of Each Receipt This Per 18 Transaction ID: SA11AI.9952 Transaction ID: SA11AI.9952 Transaction ID: SA11AI.9952 Transaction ID: SA11AI.9952	Primary General	1720.00	
City State Zip Code NY 12056 FEC ID number of contributing federal political committee. Name of Employer MVP Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City State Zip Code NY 12056 FEC ID number of contributing federal political committee. City State Zip Code NY 12056 FEC ID number of contributing federal political committee. Name of Employer NY 12056 FEC ID number of contributing federal political committee. Name of Employer NY 12056 FEC ID number of Contributing federal political committee. Name of Employer NY 12056 Receipt For: Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	Michael Greppo		Date of Receipt
Duanesburg NY 12056 Amount of Each Receipt this Per FEC ID number of contributing federal political committee. Name of Employer			
FEC ID number of contributing federal political committee. Name of Employer	•		
Receipt For: Primary	FEC ID number of contributing		Amount of Each Receipt this Period
Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City State Zip Code Duanesburg NY 12056 FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General 240.00 Date of Receipt Transaction ID: SA11Al.9952 Amount of Each Receipt this Per 10 Aggregate Year-to-Date ▼ Primary General	Name of Employer MVP	•	
Michael Greppo Mailing Address 134 Overlook Lane City State Zip Code Duanesburg NY 12056 FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General		
City State Zip Code Duanesburg NY 12056 FEC ID number of contributing federal political committee. Name of Employer MVP Primary General 1 2 1 6 2 0 Transaction ID: SA11AI.9952 Amount of Each Receipt this Per 10 11 Transaction ID: SA11AI.9952 Amount of Each Receipt this Per 10 11 Aggregate Year-to-Date ▼			Date of Receipt
Duanesburg NY 12056 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Per 10 10 10 10 10 10 10 10 10 1	Mailing Address 134 Overlook Lane		
FEC ID number of contributing federal political committee. Name of Employer MVP Occupation IT Ombudsman Receipt For: Primary General Aggregate Year-to-Date	•	·	Transaction ID: SA11AI.9952
Receipt For: Primary General Aggregate Year-to-Date ▼	FEC ID number of contributing		Amount of Each Receipt this Period
Primary General 250.00	Name of Employer MVP	·	
	Primary General	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	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 20 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Michael Greppo Mailing Address 134 Overlook Lane City Duanesburg FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12056 C Occupation IT Ombudsman Aggregate Year-to-Date 260.00	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) Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date 1920.00	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) Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Vice President Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	170.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		12 30 2010
City	State Zip Code	Transaction ID: SA11AI.9959
Loudon	NH 03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation Vice President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00	
Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Drive		12 03 7 2010
City	State Zip Code	Transaction ID: SA11AI.9966
Schenectady	NY 12306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Administrative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Rosemarie Hogan		Date of Receipt
Mailing Address 45 Crestwood Drive		12 17 2010
City	State Zip Code	Transaction ID: SA11AI.9967
Schenectady	NY 12306	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Administrative	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		120.00

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any pene name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Rosemarie Hogan Mailing Address 45 Crestwood Drive		Date of Receipt 1 2 3 1 2 0 1 0
City <u>Schenectady</u>	State Zip Code NY 12306	Transaction ID: SA11AI.9968 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Receipt For:	Occupation Administrative Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial) Gary Hughes Mailing Address 1602 Bradley Street		Date of Receipt 1 2 0 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9972
Schenectady	NY 12309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation Administrative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Gary Hughes		Date of Receipt
Mailing Address 1602 Bradley Street		12 16 2010
City Schenectady	State Zip Code NY 12309	Transaction ID: SA11AI.9973 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation Administrative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		40.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 54 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Gary Hughes Mailing Address 1602 Bradley Street City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12309 C Occupation Administrative Aggregate Year-to-Date 260.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date 720.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date 750.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		70.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kevin Husted Mailing Address 38 Fox Hill Drive City Fairport FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14450 C Occupation VP Information Technology Aggregate Year-to-Date 780.00	Date of Receipt 1 2 3 0 2 0 1 0 Transaction ID: SA11AI.9980 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date 870.00	Date of Receipt 12 03 2010 Transaction ID: SA11AI.9984 Amount of Each Receipt this Period 40.00
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12208 C Occupation VP of Legal Affairs Aggregate Year-to-Date 910.00	Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 1 0 Transaction ID: SA11AI.9985 Amount of Each Receipt this Period 40.00
SUBTOTAL of Receipts This Page (optional)		110.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 54 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may the name and addi	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave			Date of Receipt
City Albany FEC ID number of contributing	State NY	Zip Code 12208	Transaction ID: SA11AI.9986 Amount of Each Receipt this Period
Name of Employer MVP Health Care Receipt For:	Occupation VP of Leg Aggregate		40.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) William John Mailing Address 5 Sonat Road		950.00	Date of Receipt
City Clifton Park FEC ID number of contributing federal political committee.	State NY	Zip Code 12065	Transaction ID: SA11AI.9990 Amount of Each Receipt this Period 10.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation Administra Aggregate		
Full Name (Last, First, Middle Initial) William John Mailing Address 5 Sonat Road	'		Date of Receipt 1 2 1 6 2 0 1 0
City Clifton Park FEC ID number of contributing federal political committee.	State NY	Zip Code 12065	Transaction ID: SA11AI.9991 Amount of Each Receipt this Period 10.00
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Administra Aggregate		
SUBTOTAL of Receipts This Page (optional)		60.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any per name and address of any political committed	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William John Mailing Address 5 Sonat Road City	State Zip Code	Date of Receipt M
Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period
Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Administrative Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Barbara Leonard Mailing Address 848 DeCamp Avenue	· ·	Date of Receipt 1 2 0 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.9999
Schenectady	NY 12309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation Administrative	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Barbara Leonard		Date of Receipt
Mailing Address 848 DeCamp Avenue	•	12 02 2010
City <u>Schenectady</u>	State Zip Code NY 12309	Transaction ID: SA11AI.10001 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation Administrative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		30.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/54 (check only one) X
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 oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		,,,	
Full Name (Last, First, Middle Initial) Barbara Leonard			Date of Receipt
Mailing Address 848 DeCamp Avenu	е		12 16 2010
City Schenectady	State NY	Zip Code 12309	Transaction ID: SA11AI.10000 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	10.00
Name of Employer MVP	Occupation Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Barbara Leonard			Date of Receipt
Mailing Address 848 DeCamp Avenu	е		1 2 1 6 2 0 1 0
City	State NY	Zip Code	Transaction ID: SA11AI.10002
Schenectady FEC ID number of contributing federal political committee.	C	12309	Amount of Each Receipt this Period 10.00
Name of Employer MVP	Occupation Administ		7
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Barbara Leonard			Date of Receipt
Mailing Address 848 DeCamp Avenu	е		12 30 2010
City Schenectady	State NY	Zip Code 12309	Transaction ID: SA11AI.10003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	10.00
Name of Employer MVP	Occupation Administ		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional)			30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 10930 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date ▼ 720.00	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) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 10930 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date 750.00	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) Joseph Lia Mailing Address 12 Sutherland Drive City Highland Mills FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 10930 C Occupation VP of Mid-Hudson Region Aggregate Year-to-Date 780.00	Date of Receipt M M D D Y Y Y Y Y Y Y
SUBTOTAL 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 29 / 54 (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)	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
/	MVP Health Care Inc. Federal PAC		T
۸.	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
	City	State Zip Code	1 2 0 2 2 0 1 0 Transaction ID: SA11AI.10010
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
_ 3.	Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
	Mailing Address 300 Partridge Lane		12 16 2010
	City	State Zip Code	Transaction ID: SA11AI.10011
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
_	Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
	Mailing Address 300 Partridge Lane		12 30 2010
	City Charlotte	State Zip Code VT 05445	Transaction ID: SA11AI.10012 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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
	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 30 / 54 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	d Statements may not be sold or used by any perso the name and address of any political committee to	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 02 2010
City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.10028 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 14333	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		12 16 2010
City	State Zip Code	Transaction ID: SA11AI.10029
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		12 30 YYYYY 2010
City	State Zip Code	Transaction ID: SA11AI.10030
Webster FEC ID number of contributing federal political committee.	NY 14580	Amount of Each Receipt this Period 40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	
SUBTOTAL of Receipts This Page (optional)	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 31 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		1 2 0 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.10031
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation VP Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	
Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		M M / D D / Y Y Y Y Y Y Y Y 1 2 1 6 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.10032
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation VP Marketing	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Augusta Martin		Date of Receipt
Mailing Address 457 Crescent Ave		12 30 7 2010
City	State Zip Code	Transaction ID: SA11AI.10033
Saratoga	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Health Care	Occupation VP Marketing	
Receipt For: Primary General 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 32 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John McGrath Mailing Address 210 Dorchester Road City Rochester	State Zip Code NY 14610	Date of Receipt 1 2 3 0 2 0 1 0 Transaction ID: SA11AI.10039 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation Contract Manager Aggregate Year-to-Date 210.00	10.00
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Rochester FEC ID number of contributing federal political committee.	NY 14626	Amount of Each Receipt this Period 40.00
Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP, Business Excellence Aggregate Year-to-Date 960.00]
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
City Rochester	State Zip Code NY 14626	Transaction ID: SA11AI.10041 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP	Occupation VB. Rusiness Excellence	40.00
Receipt For: Primary General Other (specify) ▼	VP, Business Excellence Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		90.00

or for come NAME MVP I Full Na Laurie N	nation copied from such Reports and Simercial purposes, other than using the OF COMMITTEE (In Full) Health Care Inc. Federal PAC me (Last, First, Middle Initial) Metheny Address 21 Joellen Drive	atements may not be sold or used I name and address of any political o	by any person fo committee to sol	or the purpose of soliciting contributions licit contributions from such committee.
MVP I Full Na Laurie I	Health Care Inc. Federal PAC me (Last, First, Middle Initial) Metheny			
Laurie N	Metheny			
walling 	Address 21 Joellen Drive			Date of Receipt
~ 1.				12 30 2010
City <u>Roche</u>	ester	State Zip Code NY 14626	-	Transaction ID: SA11AI.10042 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C		40.00
Name of MVP	of Employer	Occupation VP, Business Excellence		
	t For: 'rimary General bther (specify) ▼	Aggregate Year-to-Date ▼	040.00	
B. Donna				Date of Receipt
Mailing	Address 24 Kraus Road			12 02 2010
City		State Zip Code		Transaction ID: SA11AI.10043
	y number of contributing political committee.	NY 12203		Amount of Each Receipt this Period
Name o MVP	of Employer	Occupation Administrative		
	t For: Irimary ☐ General Other (specify) ♥	Aggregate Year-to-Date ▼	240.00	
	me (Last, First, Middle Initial) Michele			Date of Receipt
Mailing	Address 24 Kraus Road			1 2 1 6 2 0 1 0
City Alban	V	State Zip Code NY 12203		Transaction ID: SA11AI.10044 Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	С		10.00
Name of MVP	of Employer	Occupation Administrative		
	t For: Irimary General Other (specify) ♥	Aggregate Year-to-Date ▼	250.00	
SUBTOT	AL of Receipts This Page (optional)			60.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate for each cate Detailed Sum	schedule(s) (check gory of the	NE NUMBER: PAGE 34 / 54 only one) 1a 11b 11c 12 3 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or u e name and address of any polit	sed by any person for the r	ourpose of soliciting contributions
MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial) Donna Michele		Date	e of Receipt
Mailing Address 24 Kraus Road		M 1	2 30 7 2010
City Albany	State Zip Code NY 12203		nsaction ID: SA11AI.10045 ount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	All	10.00
Name of Employer MVP	Occupation Administrative		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	260.00	
Full Name (Last, First, Middle Initial) James Morrill		Date	e of Receipt
Mailing Address 54 Henderson Road		M 1	2 02 2010
City	State Zip Code		nsaction ID: SA11AI.10046
Glenmont FEC ID number of contributing federal political committee.	NY 12077	Amo	ount of Each Receipt this Period 50.00
Name of Employer MVP	Occupation EVP, HR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	1200.00	
Full Name (Last, First, Middle Initial) James Morrill	.1	Date	e of Receipt
Mailing Address 54 Henderson Road		M 1	M / D D / Y Y Y Y
City Glenmont	State Zip Code NY 12077		nsaction ID: SA11AI.10047
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer MVP	Occupation EVP, HR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1250.00	
SUBTOTAL of Receipts This Page (optional)	1	_	110.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 54 (check only one) X 11a
Ar or	for commercial purposes, other than using the	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.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۸.	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		12 30 2010
	City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.10048 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 12077	50.00
	Name of Employer MVP	Occupation EVP, HR	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	
	Full Name (Last, First, Middle Initial) Kari Mysliwiec		Date of Receipt
	Mailing Address 1 Vitucci Ct		12 03 2010
	City	State Zip Code	Transaction ID: SA11AI.10049
	Cohoes FEC ID number of contributing federal political committee.	NY 12047	Amount of Each Receipt this Period 10.00
	Name of Employer MVP Health Care	Occupation Actuary Supervisor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
	Full Name (Last, First, Middle Initial) Kari Mysliwiec		Date of Receipt
	Mailing Address 1 Vitucci Ct		12 17 2010
	City	State Zip Code	Transaction ID: SA11AI.10050
	Cohoes FEC ID number of contributing federal political committee.	NY 12047	Amount of Each Receipt this Period 10.00
	Name of Employer MVP Health Care	Occupation Actuary Supervisor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)		70.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
A 0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pee name and address of any political committee	erson for the purpose of soliciting contributions te to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		<u>-</u>
Α.	Full Name (Last, First, Middle Initial) Kari Mysliwiec Mailing Address 1 Vitucci Ct		Date of Receipt
		State Zip Code	12 31 2010
	City Cohoes	NY 12047	Transaction ID: SA11AI.10051 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP Health Care	Occupation Actuary Supervisor	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
— В.	Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
	Mailing Address 71 East Claremond D	Orive Orive	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code	Transaction ID: SA11AI.10058
	Voorheesville FEC ID number of contributing federal political committee.	NY 12186	Amount of Each Receipt this Period 20.00
	Name of Employer MVP	Occupation Director of Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	•
 C.	Full Name (Last, First, Middle Initial) Richard Odorizzi		Date of Receipt
	Mailing Address 71 East Claremond D	Prive	12 16 2010
	City Voorheesville	State Zip Code NY 12186	Transaction ID: SA11AI.10059 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation Director of Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	
Γ,	SUBTOTAL of Receipts This Page (optional)		50.00
F	FOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 54 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any pers he 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) Richard Odorizzi Mailing Address 71 East Claremond [Drive	Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.10060
Voorheesville	NY 12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP	Occupation Director of Finance	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt 1 2 0 2 2 0 1 0
City	State Zip Code	Transaction ID: SA11AI.10061
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		12 16 YYYYY 2010
City <u>A</u> lbany	State Zip Code NY 12205	Transaction ID: SA11AI.10062 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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (optional)		80.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
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	Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12205 C Occupation Corp VP of Operations Aggregate Year-to-Date 780.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Everret Patterson Mailing Address 285 Pinebrook Drive City Hyde Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12538 C Occupation Regional Sales Manager Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Everret Patterson Mailing Address 285 Pinebrook Drive City Hyde Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12538 C Occupation Regional Sales Manager Aggregate Year-to-Date ▼ 250.00	Date of Receipt 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)		50.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	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.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Everret Patterson		Date of Receipt
Mailing Address 285 Pinebrook Drive		12 31 7 2010
City	State Zip Code	Transaction ID: SA11AI.10066
Hyde Park	NY 12538	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation Regional Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) Bill Peat		Date of Receipt
Mailing Address 4315 Buckingham Di		12 30 7 2010
City	State Zip Code	Transaction ID: SA11AI.10069
Schenectady	NY 12304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation Change Manager (IT)	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	206.00	
Full Name (Last, First, Middle Initial) Donald Rahn		Date of Receipt
Mailing Address 931 Northumberland	Dr.	12 03 7 9 9 10
City	State Zip Code	Transaction ID: SA11AI.10082
<u>Niskayuna</u>	NY 12309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.00
Name of Employer MVP Health Care	Occupation Assoc. Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	310.00	
SUBTOTAL of Receipts This Page (optional)		40.00
	er only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 54 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	·		
Full Name (Last, First, Middle Initial) Donald Rahn			Date of Receipt
Mailing Address 931 Northumberlar	nd Dr.		M M / D D / Y Y Y Y Y 1 1 2 1 7 2 0 1 0
City Niskayuna	State NY	Zip Code 12309	Transaction ID: SA11AI.10083 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer MVP Health Care	Occupation Assoc. D		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) Donald Rahn	I		Date of Receipt
Mailing Address 931 Northumberlar	nd Dr.		12 31 Y Y Y Y Y Y
City <u>Niskayuna</u>	State NY	Zip Code 12309	Transaction ID: SA11AI.10084 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12000	20.00
Name of Employer MVP Health Care	Occupation Assoc. D		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Aneli Rivera-Platt			Date of Receipt
Mailing Address 215 Dunrovin Lane	<u> </u>		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State NY	Zip Code	Transaction ID: SA11AI.10094
Rochester FEC ID number of contributing federal political committee.	C	14618	Amount of Each Receipt this Period 10.00
Name of Employer MVP	Occupation HR Direct		
Receipt For: Primary General Other (specify) ▼	- + +	Year-to-Date ▼ 240.00	
SUBTOTAL of Receipts This Page (optional	al)		50.00

[7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	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	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Aneli Rivera-Platt Mailing Address 215 Dunrovin Lane		Date of Receipt 1 2 1 7 2 0 1 0
	City Rochester	State Zip Code NY 14618	Transaction ID: SA11AI.10095 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 14010	10.00
	Name of Employer MVP	Occupation HR Director	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Aneli Rivera-Platt Mailing Address 215 Dunrovin Lane	I	Date of Receipt
	City	12 31 2010 Transaction ID: SA11AI.10096	
	Rochester	State Zip Code NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP	Occupation HR Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00]
_ С.	Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
	Mailing Address 625 State Street		12 02 2010
	City Schenectady	State Zip Code NY 12047	Transaction ID: SA11AI.10100 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C 12047	20.00
	Name of Employer MVP	Occupation VP of E Business	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)	·····	40.00
	TOTAL This Period (last page this line number		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A 0	r for commercial purposes, other than using th 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.
\angle	MVP Health Care Inc. Federal PAC		
۱.	Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
	Mailing Address 625 State Street	7.0.1	12 16 2010
	City Schenectady	State Zip Code NY 12047	Transaction ID: SA11AI.10101 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation VP of E Business	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
	Mailing Address 625 State Street		12 30 YYYY 2010
	City	State Zip Code	Transaction ID: SA11AI.10102
	Schenectady	NY 12047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20.00
	Name of Employer MVP	Occupation VP of E Business	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	520.00	
	Full Name (Last, First, Middle Initial) Thomas Ryan		Date of Receipt
	Mailing Address 24 Bluestone Ridge		12 03 7 9 9 9
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.10103 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Health Care	Occupation VP Underwriting	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
	SURTOTAL of Receipts This Page (optional)		70.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for comm	tion copied from such Reports and St ercial purposes, other than using the OF COMMITTEE (In Full) ealth Care Inc. Federal PAC	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City Clifton FEC ID r federal pr Name of MVP He	Park number of contributing olitical committee. Employer alth Care	State NY C Occupation VP Unde Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Thomas F Mailing A City Clifton FEC ID r federal pr Name of MVP Her Receipt F	Park number of contributing olitical committee. Employer alth Care	State NY C Occupation VP Unde Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Saratoc FEC ID r federal po Name of MVP Receipt F	address 160 Fifth Avenue ga Springs number of contributing olitical committee. Employer	State NY C Occupation VP Sales Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y 1 2 0 1 0 Transaction ID: SA11AI.10106 Amount of Each Receipt this Period 30.00
SUBTOTA	L 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 44 / 54 (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 ▼	Date of Receipt 1 2 1 6 2 0 1 0 Transaction ID: SA11AI.10107 Amount of Each Receipt this Period 30.00
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 ▼ 780.00	Date of Receipt M M J D D D Y Y Y Y Y Y 1 2 0 1 0 Transaction ID: SA11AI.10108 Amount of Each Receipt this Period 30.00
Full Name (Last, First, Middle Initial) Margaret Stevenson Mailing Address 3968 Thrush Ln City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 13090 C Occupation Director National Accounts Aggregate Year-to-Date 240.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		70.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Margaret Stevenson Mailing Address 3968 Thrush Ln City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 13090 C Occupation Director National Accounts Aggregate Year-to-Date 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Margaret Stevenson Mailing Address 3968 Thrush Ln City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 13090 C Occupation Director National Accounts Aggregate Year-to-Date 260.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Stitt Mailing Address 684 Macelroy Road City Ballston Spa FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12019 C Occupation Pharmacy Director Aggregate Year-to-Date 240.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	•	30.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 54 (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	Statements may not be sold or used by any person e 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) David Stitt Mailing Address 684 Macelroy Road City Ballston Spa FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12019 C Occupation Pharmacy Director Aggregate Year-to-Date 250.00	Date of Receipt M
Full Name (Last, First, Middle Initial) David Stitt Mailing Address 684 Macelroy Road City Ballston Spa FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12019 C Occupation Pharmacy Director Aggregate Year-to-Date 260.00	Date of Receipt 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 870.00	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)		60.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 54 (check only one) X
A or	ny information copied from such Reports and 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 pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC			
١.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott Mailing Address 33 Everett Drive			Date of Receipt
	City	State	Zip Code	1 2 1 6 2 0 1 0 Transaction ID: SA11AI.10131
	Rochester	NY	14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation VP, Sales		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 910.00	
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott	I		Date of Receipt
	ailing Address 33 Everett Drive			1 2 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.10132
	Rochester	NY	14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation VP, Sales		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		950.00	
	Full Name (Last, First, Middle Initial) John Vangraafeiland	1		Date of Receipt
	Mailing Address 85 Pinehurst Place			12 02 2010
	City	State	Zip Code	Transaction ID: SA11AI.10145
	Middletown FEC ID number of contributing federal political committee.	CT	06457	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation	1	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 870.00	
	SUBTOTAL of Receipts This Page (optional) .			120.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for each ca	ate schedule(s) tegory of the ımmary Page	FOR LINE NUMBER: PAGE 48 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A C	Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not be sold on name and address of any po	used by any persor litical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City	State Zip Code		Date of Receipt 1 2 1 6 2 0 1 0 Transaction ID: SA11AI.10146
	Middletown	CT 06457		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	0 0	40.00
	Name of Employer MVP	Occupation CIO		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	910.00	
3.	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place			Date of Receipt 1 2 3 0 2 0 1 0
	City	State Zip Code		Transaction ID: SA11AI.10149
	Middletown FEC ID number of contributing federal political committee.	CT 06457		Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation CIO		1
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	950.00	
_	Full Name (Last, First, Middle Initial) Shanon Vollmer			Date of Receipt
	Mailing Address 30 Wilton Court			1 2 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Clifton Park	State Zip Code NY 12065		Transaction ID: SA11AI.10150
	FEC ID number of contributing federal political committee.	C 12003		Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation Associate Counsel		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	720.00	
	SUBTOTAL of Receipts This Page (optional)		.	110.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 54 (check only one) X 11a		
0	ny information copied from such Reports and S r for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC				
ب ا .	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt			
	Mailing Address 30 Wilton Court	12 16 2010			
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.10151 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	30.00		
	Name of Employer MVP	Occupation Associate Counsel			
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 750.00			
- 3.	Full Name (Last, First, Middle Initial) Shanon Vollmer	Date of Receipt			
	Mailing Address 30 Wilton Court	12 30 2010			
	City	State Zip Code	Transaction ID: SA11AI.10152		
	Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 30.00		
	Name of Employer MVP	Occupation Associate Counsel			
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 780.00			
	Full Name (Last, First, Middle Initial) Matthew Walkuski	Date of Receipt			
	Mailing Address 11 Lillian Drive	12 17 2010			
	City	State Zip Code	Transaction ID: SA11AI.10154		
	Scotia FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period		
	Name of Employer MVP Health Care	Occupation Sales Manager			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00			
			70.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 54 (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	Statements may not be sold or used by any person e name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Matthew Walkuski Mailing Address 11 Lillian Drive City Scotia FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12302 C Occupation Sales Manager Aggregate Year-to-Date 216.00	Date of Receipt M M D D 2 0 1 0
Full Name (Last, First, Middle Initial) James Wall Mailing Address 19 Stonegath Road City Ballston Lake FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12019 C Occupation Director Aggregate Year-to-Date 240.00	Date of Receipt M M M D D D 2 2 0 1 0 Transaction ID: SA11AI.10156 Amount of Each Receipt this Period 10.00
Full Name (Last, First, Middle Initial) James Wall Mailing Address 19 Stonegath Road City Ballston Lake FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12019 C Occupation Director Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Z D J Z D J D J Z D J D J Z D J D J
SUBTOTAL of Receipts This Page (optional)		30.00

ITEMIZED RECEIPTS	ν)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51/54 (check only one)	
Any information copied from such Reports an or for commercial purposes, other than using	nd 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	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Full Name (Last, First, Middle Initial) James Wall	,			
Mailing Address 19 Stonegath Road	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y			
City	Transaction ID: SA11AI.10158			
Ballston Lake FEC ID number of contributing federal political committee.	C	12019	Amount of Each Receipt this Period 10.00	
Name of Employer MVP	Occupation Director	n		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00		
Full Name (Last, First, Middle Initial) Tracey Welch	Date of Receipt			
Mailing Address 134 Thornberry Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City Rensselaer	State NY	Zip Code 12144	Transaction ID: SA11AI.10169	
FEC ID number of contributing federal political committee.	C	12144	Amount of Each Receipt this Period 20.00	
Name of Employer MVP Health Care	Occupation	n Medical and Network Analys		
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 380.00		
Full Name (Last, First, Middle Initial) Tracey Welch			Date of Receipt	
Mailing Address 134 Thornberry Lan	M M / D D / Y Y Y Y Y Y 1 1 2 1 1 7 2 0 1 0			
City	State	Zip Code	Transaction ID: SA11AI.10166	
Rensselaer FEC ID number of contributing federal political committee.	C	12144	Amount of Each Receipt this Period 20.00	
Name of Employer MVP Health Care	Occupation Director	n Medical and Network Analys	is	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	- ' '	Year-to-Date ▼ 400.00		
SUBTOTAL of Receipts This Page (optiona	D		50.00	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 54 (check only one) X 11a 11b 11c 12 15 16 17			
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	n for the purpose of soliciting contributions solicit contributions from such committee.				
	MVP Health Care Inc. Federal PAC					
Α.	Full Name (Last, First, Middle Initial) Tracey Welch Mailing Address 134 Thornberry Lane	Date of Receipt				
		12 31 2010				
	City Rensselaer	State Zip Code NY 12144	Transaction ID: SA11AI.10170 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	20.00			
	Name of Employer MVP Health Care	Occupation Director Medical and Network Analysis	5			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00				
– В.	Full Name (Last, First, Middle Initial) Peter Whitehouse	Date of Receipt				
	Mailing Address 16 Oak Hill Drive	12 02 2010				
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.10171			
	FEC ID number of contributing federal political committee.	NH 03307	Amount of Each Receipt this Period 30.00			
	Name of Employer MVP Health Care	Occupation Sales Director				
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 420.00				
с. С.	Full Name (Last, First, Middle Initial) Peter Whitehouse	Date of Receipt				
	Mailing Address 16 Oak Hill Drive	1 2 1 6 2 0 1 0				
	City	State Zip Code	Transaction ID: SA11AI.10172			
	Loudon FEC ID number of contributing federal political committee.	NH 03307	Amount of Each Receipt this Period 30.00			
	Name of Employer MVP Health Care	Occupation Sales Director				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00				
	SUBTOTAL of Receipts This Page (optional)	······	80.00			
	TOTAL This Period (last page this line number	only)				

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 54 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	for the purpose of soliciting contributions		
∠ A.	Full Name (Last, First, Middle Initial) Peter Whitehouse Mailing Address 16 Oak Hill Drive City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NH 03307 C Occupation Sales Director Aggregate Year-to-Date 480.00	Date of Receipt 1 2 3 0 2 0 1 0 Transaction ID: SA11AI.10173 Amount of Each Receipt this Period 30.00	
- 3.	Full Name (Last, First, Middle Initial) Gale Zdunczyk Mailing Address 7 Cypress St City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12205 C Occupation Manager Prospective Review Aggregate Year-to-Date 205.00	Date of Receipt M M M	
_ >.	Full Name (Last, First, Middle Initial) Gale Zdunczyk Mailing Address 7 Cypress St City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify)	State Zip Code NY 12205 C Occupation Manager Prospective Review Aggregate Year-to-Date 215.00	Date of Receipt M	
	SUBTOTAL of Receipts This Page (optional)		50.00	
	TOTAL This Period (last page this line number	only)	3920.00	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s)

PAGE 54 / 54 FOR LINE NUMBER:

ccluding Loans	ATIONS			r each bered line)	(check only one)	9 X 10	
AME OF COMMITTEE			•				
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks			Nature of Debt (Purpose): Check Printing				
Mailing Address P.(Mailing Address P.O. Box 742572						
City Cincinnati	State OH	ZIP Code 45274					
Outstanding Baland	ce Beginning This Period			Trai	nsaction ID: SD10	.4163	
Amount Inc	urred This Period	Payment This Period		Outstandir	ng Balance at Close	of This Period	
	0.00	0.0	0		1 1 1 1	145.00	
B. Full Name (Last, I Media Well Done	First, Middle Initial) of Debtor	or Creditor		Nature of Debt (Purpose): Advertising			
Mailing Address 96	Jay Street						
City Schenectady	State NY	ZIP Code 12305					
Outstanding Baland	ce Beginning This Period			Trai	nsaction ID: SD10	.4165	
	338.00						
Amount Inc	urred This Period	Payment This Period		Outstandir	ng Balance at Close	of This Perio	
	0.00	0.0	0			338.00	
SUBTOTALS This	Period This Page (optional)		•	1 1	1 1 1 1	3.00	
TOTALS This Period	d (last page this line number of	only)	•	•	48	3.00	
TOTAL OUTSTAND	ING LOANS from Schedu	le C (last page only)	•	·		0.00	
ADD 2) and 3) and	carry forward to appropriate li	ne of Summary Page (last page on	nlv)	. ; ;	48	3.00	