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### **FEC** FORM 3X

### REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines MVP Health Care Inc. Federal PAC 625 State Street ADDRESS (number and street) Check if different than previously Schenectady NY 12305 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00431429 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 09 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Frank Fanshawe Type or Print Name of Treasurer Electronically Filed by Mr. Frank Fanshawe 10 14 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name MVP Health Care Inc. Federal PAC D D <sup>U</sup>D 0.7 0 1 2008 0.9 3 0 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 18579.84 January 1 (b) Cash on Hand at 18203.84 Begining of Reporting Period ..... 9258.00 17132.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 27461.84 35711.84 6(a) and 6(c) for Column B) ..... 1037.00 9287.00 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 26424.84 26424.84 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 483.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530

Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

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

<sup>D</sup> 3 0

<sup>y</sup> 0 0 8

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

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	6140.00	10670.00
	(ii) Uniternized	3118.00	6462.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	9258.00	17132.00
(	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)	9258.00	17132.00
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>A</i>	All Loans Received	0.00	0.00
	oan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
(	Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	o Federal candidates and Other Political Committees	0.00	0.00
	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
	Fotal Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9258.00	17132.00
	otal Federal Receipts subtract Line 18(c) from Line 19)	9258.00	17132.00

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B 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
2. Transfers to Affiliated/Other Party		
Committees  3. Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees4. Independent Expenditure	1000.00	9250.00
(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 Made 8. Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	37.00	37.00
O. Federal Election Activity (2 U.S.C 431(20))  (a) Shared Federal Election Activity  (b) 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
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1037.00	9287.00
<ol> <li>Total Federal Disbursements</li> </ol>		

### **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)	9258.00	17132.00	
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00	
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	9258.00	17132.00	
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) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person name and address of any political committee	son for the purpose of soliciting contributions
/ MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Raymond Augusta		Date of Receipt
Mailing Address 457 Crescent Avenue		09 05 7 2008
City	State Zip Code	Transaction ID: SA11AI.4776
Saratoga Springs	NY 12866	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer MVP	Occupation VP Market Innovation	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
Mailing Address 6 Doris Drive		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.4698
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Service Corp	Occupation VP, Sales Ops	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
Mailing Address 6 Doris Drive		08 28 2008
City	State Zip Code	Transaction ID: SA11AI.4699
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Service Corp	Occupation VP, Sales Ops	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)		810.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 49 (check only one)  X 11a 11b 11c 12 15 16
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee t	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 Mailing Address 6 Doris Drive		Date of Receipt
City	State Zip Code	0 9 1 1 2 0 0 8 Transaction ID: SA11Al.4700
Scotia Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP Service Corp	Occupation VP, Sales Ops	Political Contribution
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Ms. Mary Bianchi	1	Date of Receipt
Mailing Address 6 Doris Drive		0 9 2 5 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4701
Scotia	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00  Political Contribution
Name of Employer MVP Service Corp	Occupation VP, Sales Ops	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
Mailing Address 708 Stephens Place		07 31 YYYY 2008
City	State Zip Code	Transaction ID: SA11AI.4506
Schenectady FEC ID number of contributing	NY 12303	Amount of Each Receipt this Period
federal political committee.	C	40.00  Political Contribution
Name of Employer MVP	Occupation VP & chief Actuary	- Onlical Contribution
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	240.00	
SURTOTAL of Receipts This Page (optional)		100.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
A oı	ny information copied from such Reports and S r for commercial purposes, other than using the	statements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
·	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		08 14 2008
	City	State Zip Code	Transaction ID: SA11AI.4505
	Schenectady FEC ID number of contributing	NY 12303	Amount of Each Receipt this Period
	federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP & chief Actuary	Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	
_	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		08 28 2008
	City	State Zip Code	Transaction ID: SA11AI.4507
	Schenectady FEC ID number of contributing federal political committee.	NY 12303	Amount of Each Receipt this Period  40.00
	Name of Employer MVP	Occupation VP & chief Actuary	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	320.00	
	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		09 11 YYYY 2008
	City	State Zip Code	Transaction ID: SA11AI.4508
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP & chief Actuary	Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Г	NIDTOTAL of Descripts This Descriptional		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and addr	not be sold or used by any persess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC			
	Full Name (Last, First, Middle Initial) Charles Bloss			Date of Receipt
	Mailing Address 708 Stephens Place			09 / 25 / 2008
	City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.4509
	FEC ID number of contributing federal political committee.	C	12000	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP & chie		Political Contribution
	Receipt For:  Primary General  Other (specify)		Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Carl Cameron			Date of Receipt
	Mailing Address 285 Willowcrest Drive			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.4499
	Rochester	NY	14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00  Political Contribution
	Name of Employer MVP	Occupation VP Medica		Political Contribution
	Receipt For:	Aggregate `	Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00	
_	Full Name (Last, First, Middle Initial) Carl Cameron			Date of Receipt
	Mailing Address 285 Willowcrest Drive	)		0 8 2 8 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4500
	Rochester FEC ID number of contributing	NY	14618	Amount of Each Receipt this Period
	federal political committee.	C		30.00
	Name of Employer MVP	Occupation VP Medica	al Director	Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate '	Year-to-Date ▼ 240.00	
	SUBTOTAL of Receipts This Page (optional)	1		100.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 49 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any pe e name and address of any political committed	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)		
Carl Cameron  Mailing Address 285 Willowcrest Drive	)	Date of Receipt  0 9 1 1 2 0 0 8
City Rochester	State Zip Code NY 14618	Transaction ID: SA11AI.4501  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP Medical Director	Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Carl Cameron	1	Date of Receipt
Mailing Address 285 Willowcrest Drive	09 25 2008	
City	State Zip Code	Transaction ID: SA11AI.4502
Rochester FEC ID number of contributing federal political committee.	NY 14618	Amount of Each Receipt this Period 30.00
Name of Employer MVP	Occupation VP Medical Director	Political Contribution
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
Mailing Address 7723 Majestic Drive		08 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Liverpool	State Zip Code NY 13090	Transaction ID: SA11AI.4724  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation Regional Network Director	Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (optional)		90.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for ea	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 11 / 49 (check only one)    X   11a
ny information copied from such Reports and strong reports for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sename and address of a	old or used by any perso any political committee to	n for the purpose of soliciting contributions
MVF Health Care Inc. Federal FAC			
Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive			Date of Receipt
Mailing Address 7723 Majestic Drive			08 28 2008
City	·	Code	Transaction ID: SA11AI.4725
Liverpool	NY 130	90	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupation Regional Networ	k Director	Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Patricia Deferio			Date of Receipt
Mailing Address 7723 Majestic Drive			09 11 7 2008
City	·	Code	Transaction ID: SA11AI.4726
Liverpool	NY 130	90	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupation Regional Networ	k Director	Political Contribution
Receipt For: Primary General	Aggregate Year-to-	Date ▼ 270.00	
☐ Other (specify) ▼	0 0 0		
Full Name (Last, First, Middle Initial) Patricia Deferio	•		Date of Receipt
Mailing Address 7723 Majestic Drive			09 25 2008
City	· · · · · · · · · · · · · · · · · · ·	Code	Transaction ID: SA11AI.4727
Liverpool	NY 130	90	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer MVP	Occupation Regional Networ	k Director	Political Contribution
Receipt For:	Aggregate Year-to-	Date ▼	
Primary ☐ General Other (specify) ▼	0 0 0	300.00	
SUBTOTAL of Receipts This Page (optional) .	1		90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate for each cate( Detailed Sum	gory of the	FOR LINE NUMBER: PAGE 12 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
A oı	ny information copied from such Reports and S r for commercial purposes, other than using the	tatements may not be sold or un name and address of any politi	sed by any person cal committee to so	for the purpose of soliciting contributions olicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC			
	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			08 / 28 / 2008
	City Schenectady	State Zip Code NY 12303		Transaction ID: SA11AI.4607  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP	Occupation Treasurer		Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	210.00	
_	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			09 11 2008
	City	State Zip Code		Transaction ID: SA11AI.4608
	Schenectady FEC ID number of contributing	NY 12303		Amount of Each Receipt this Period
	federal political committee.	C		30.00
	Name of Employer MVP	Occupation Treasurer		Political Contribution
	Receipt For:  Primary  General	Aggregate Year-to-Date	,	
	Other (specify)		240.00	
	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			0 9 2 5 2 0 0 8
	City	State Zip Code		Transaction ID: SA11AI.4609
	Schenectady FEC ID number of contributing federal political committee.	NY 12303		Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation Treasurer		Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	270.00	
Г	SUBTOTAL of Receipts This Page (optional)			90.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	Use separate sche for each category of Detailed Summary	of the
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	atements may not be sold or used be name and address of any political co	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
\rightarrow N	IVP Health Care Inc. Federal PAC		
	ull Name (Last, First, Middle Initial) Aark Fish		Date of Receipt
M	Mailing Address 500 Normanskill Place		07 31 7 2008
	ity Slingerlands	State Zip Code NY 12159	Transaction ID: SA11AI.4690
F	EC ID number of contributing ederal political committee.	C 12139	Amount of Each Receipt this Period 40.00
N N	lame of Employer IVP	Occupation EVP Network Management	Political Contribution
R	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	40.00
	ull Name (Last, First, Middle Initial) Mark Fish	Date of Receipt	
M	Mailing Address 500 Normanskill Place	08 14 2008	
	city	State Zip Code	Transaction ID: SA11AI.4691
_	Slingerlands	NY 12159	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	40.00
N N	lame of Employer /IVP	Occupation EVP Network Management	Political Contribution
R	leceipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	2	80.00
	ull Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
M	Mailing Address 500 Normanskill Place	08 28 2008	
	City	State Zip Code	Transaction ID: SA11AI.4692
F	Slingerlands EC ID number of contributing ederal political committee.	NY 12159	Amount of Each Receipt this Period 40.00
N N	lame of Employer	Occupation EVP Network Management	Political Contribution
R	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	20.00
CUE	BTOTAL of Receipts This Page (optional)		120.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS	for each cat	te schedule(s) tegory of the mmary Page	FOR LINE NUMBER: PAGE 14 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
or fo	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	atements may not be sold or name and address of any po	used by any person litical committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
\	//VP Health Care Inc. Federal PAC			
. <u>N</u>	full Name (Last, First, Middle Initial)  Mark Fish			Date of Receipt
IV	Mailing Address 500 Normanskill Place			09 11 2008
	City Slingerlands	State Zip Code NY 12159		Transaction ID: SA11AI.4693
F	EC ID number of contributing ederal political committee.	C 12139		Amount of Each Receipt this Period 40.00
N N	lame of Employer /IVP	Occupation EVP Network Manage	ement	Political Contribution
R	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date		
	Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
M	Mailing Address 500 Normanskill Place			09 25 7 2008
	Dity	State Zip Code		Transaction ID: SA11AI.4694
F	Slingerlands EC ID number of contributing ederal political committee.	NY 12159		Amount of Each Receipt this Period 40.00
N N	lame of Employer //VP	Occupation EVP Network Manage	ement	Political Contribution
R	Receipt For:	Aggregate Year-to-Date	▼	1
	Primary General Other (specify) ▼		400.00	
	full Name (Last, First, Middle Initial) al Gatti			Date of Receipt
M	Mailing Address 8 Wendy Lane			07 31 2008
	City	State Zip Code		Transaction ID: SA11AI.4442
F	N. Hartford     EC ID number of contributing ederal political committee.	CT 06117		Amount of Each Receipt this Period 40.00
N N	lame of Employer //VP	Occupation Exec VP		Political Contribution
R	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date	240.00	
CUI	BTOTAL 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 15 / 49 (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 NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persole name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial)  Al Gatti  Mailing Address 8 Wendy Lane		Date of Receipt
City	State Zip Code	08 14 2008  Transaction ID: SA11AI.4443
W. Hartford	CT 06117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation Exec VP	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	280.00	
Full Name (Last, First, Middle Initial)  Al Gatti	1	Date of Receipt
Mailing Address 8 Wendy Lane		08 / 28 / 2008
City	State Zip Code	Transaction ID: SA11AI.4444
W. Hartford	CT 06117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00  Political Contribution
Name of Employer MVP	Occupation Exec VP	1 ontion contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	320.00	
Full Name (Last, First, Middle Initial)  Al Gatti	•	Date of Receipt
Mailing Address 8 Wendy Lane		09 11 2008
City	State Zip Code	Transaction ID: SA11AI.4445
W. Hartford	CT 06117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00 Political Contribution
Name of Employer MVP	Occupation Exec VP	1 ontical contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional) .		120.00
TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 16 / 49   (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	<u> </u>	,,,	
Full Name (Last, First, Middle Initial) Al Gatti			Date of Receipt
Mailing Address 8 Wendy Lane			
City	State	Zip Code	0 9 2 5 2 0 0 8 Transaction ID: SA11AI.4446
W. Hartford	СТ	06117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		40.00
Name of Employer MVP	Occupation Exec VP	1	Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Ro	pad		07 03 2008
City	State	Zip Code	Transaction ID: SA11AI.4728
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer MVP	Occupation VP. Medi	n care Products	Political Contribution
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		240.00	]
Full Name (Last, First, Middle Initial)			Data of Bassint
Patrick Glavey  Mailing Address 165 Windemere Ro	pad		Date of Receipt  0 7 1 7 2 0 0 8
City	State	Zip Code	Transaction ID: SA11AI.4729
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00
Name of Employer MVP	Occupation VP, Medi	n care Products	Political Contribution
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
SUBTOTAL of Receipts This Page (optional			160.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 49 (check only one)    X
Any information copied from such Reports and Sta or for commercial purposes, other than using the r  NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial)			
Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Road			07 31 2008
City Rochester	State NY	Zip Code 14610	Transaction ID: SA11AI.4730
FEC ID number of contributing federal political committee.	C	14010	Amount of Each Receipt this Period  60.00
Name of Employer MVP	Occupation VP, Medi	n care Products	Political Contribution
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4731
Rochester  FEC ID number of contributing	C	14610	Amount of Each Receipt this Period  60.00
federal political committee.  Name of Employer MVP	Occupation	1	Political Contribution
	VP, Medi	care Products	
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
Mailing Address 165 Windemere Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.4732
Rochester	NY	14610	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		60.00 Political Contribution
Name of Employer MVP		care Products	1 ontical contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.00	
SUBTOTAL of Receipts This Page (optional)			180.00
TOTAL This Period (last page this line number o	only)	·	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may not be sold or used by any per name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		09 / 11 / 2008
	City	State Zip Code	Transaction ID: SA11AI.4733
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation VP, Medicare Products	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	540.00	
– В.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road	0 9 2 5 2 0 0 8	
	City	State Zip Code	Transaction ID: SA11AI.4734
	Rochester	NY 14610	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	60.00
	Name of Employer MVP	Occupation VP. Medicare Products	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
- C.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
•	Mailing Address 803 Via Marchella		07 03 2008
	City	State Zip Code	Transaction ID: SA11AI.4573
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	
Γ	CURTOTAL of Descints This David (antique)		180.00
-	SUBTOTAL of Receipts This Page (optional)		<u> </u>
	TOTAL This Period (last page this line number of	only)	<b>)</b>

ITEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   11a		
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any persodress 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) Denise Gonick			Date of Receipt		
Mailing Address 803 Via Marchella					
City Schenectady	State NY	Zip Code	0 7 1 7 2 0 0 8  Transaction ID: SA11AI.4574		
FEC ID number of contributing federal political committee.	C	12303	Amount of Each Receipt this Period  60.00		
Name of Employer MVP	Occupatio EVP & C	n hief Legal Officer	Political Contribution		
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt		
Mailing Address 803 Via Marchella			0 7 3 1 2 0 0 8		
City State Schenectady NY		Zip Code	Transaction ID: SA11AI.4575		
FEC ID number of contributing federal political committee.	C	12303	Amount of Each Receipt this Period  60.00		
Name of Employer MVP	Occupatio EVP & C	n hief Legal Officer	Political Contribution		
Receipt For:  Primary General  Other (specify) ▼	_ , '	Year-to-Date ▼ 360.00	]		
Full Name (Last, First, Middle Initial) Denise Gonick			Date of Receipt		
Mailing Address 803 Via Marchella			0 8 1 4 2 0 0 8		
City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.4576		
FEC ID number of contributing federal political committee.	C	12303	Amount of Each Receipt this Period  60.00		
Name of Employer MVP	Occupatio EVP & C	n hief Legal Officer	Political Contribution		
Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 420.00			
SUBTOTAL of Receipts This Page (optional)		<b>_</b>	180.00		

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 49 (check only one)    X   11a
Any information copied from su or for commercial purposes, oth NAME OF COMMITTEE (In	ner than using the name and	may not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MVP Health Care Inc. F	ederal PAC		
Full Name (Last, First, Midd Denise Gonick	le Initial)		Date of Receipt
Mailing Address 803 Via			08 / 28 / 2008
City <u>Schenectady</u>	State NY	Zip Code 12303	Transaction ID: SA11AI.4577  Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.		12303	60.00
Name of Employer MVP	Occupa	ation & Chief Legal Officer	Political Contribution
Receipt For:  Primary Gen  Other (specify) ▼	Aggreg	gate Year-to-Date ▼ 480.00	
Full Name (Last, First, Midd Denise Gonick	le Initial)		Date of Receipt
Mailing Address 803 Via	Marchella	0 9 1 1 2 0 0 8	
City	State	•	Transaction ID: SA11AI.4578
Schenectady  FEC ID number of contribut federal political committee.	ing NY	12303	Amount of Each Receipt this Period  60.00
Name of Employer MVP	Occupa EVP 8	ation & Chief Legal Officer	Political Contribution
Receipt For:  Primary Gen  Other (specify) ▼		gate Year-to-Date ▼ 540.00	
Full Name (Last, First, Midd Denise Gonick	le Initial)		Date of Receipt
Mailing Address 803 Via	Marchella		09 / 25 / 2008
City Schenectady	State NY	'	Transaction ID: SA11AI.4579
FEC ID number of contribut federal political committee.		12303	Amount of Each Receipt this Period  60.00
Name of Employer MVP	Occupa EVP 8	ation & Chief Legal Officer	Political Contribution
Receipt For:  Primary Gen  Other (specify) ▼	Aggreg	gate Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This	Page (optional)		180.00

	LE A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 49 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
or for commerc	n copied from such Reports and S ial purposes, other than using the COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
MVP Heal	th Care Inc. Federal PAC			
Full Name ( Gale Harris	Last, First, Middle Initial)			Date of Receipt
Mailing Add	ress 19 Heritage Pkwy		7: 0.1	08 13 2008
City <u>Glenville</u>		State NY	Zip Code 12302	Transaction ID: SA11AI.4778  Amount of Each Receipt this Period
FEC ID nun	nber of contributing ical committee.	C	12002	250.00
Name of En MVP	nployer	Occupation Director,		Political Contribution
Receipt For Prima Other		<del>, '</del>	Year-to-Date ▼ 250.00	
Christopher Christopher	•	<u> </u>		Date of Receipt
Mailing Add	Mailing Address 144 Berry Road			07 03 7 2008
City		State	Zip Code	Transaction ID: SA11AI.4517
Loudon		NH	03307	Amount of Each Receipt this Period
federal politi	nber of contributing ical committee.	C		80.00  Political Contribution
Name of En MVP	nployer	Occupation Vice Pres		1 ontical contribution
Receipt For Prima Other		Aggregate	Year-to-Date ▼ 320.00	
Full Name ( Christopher	Last, First, Middle Initial) Henchey	1		Date of Receipt
Mailing Add	ress 144 Berry Road			07 17 2008
City		State	Zip Code	Transaction ID: SA11AI.4518
	nber of contributing ical committee.	C	03307	Amount of Each Receipt this Period  80.00
Name of En	nployer	Occupation Vice Pres		Political Contribution
Receipt For Prima Other		<del>, '</del>	Year-to-Date ▼ 400.00	
SUBTOTAL of	of Receipts This Page (optional)		I	410.00

	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
or fo	or commercial purposes, other than using the	statements may not be sold or used by any per ename and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
_	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
<u> </u>	Mailing Address 144 Berry Road		07 31 7 2008
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.4519
- F	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  80.00
<u>1</u> 1	Name of Employer MVP	Occupation Vice President	Political Contribution
Ī	Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
ľ	Mailing Address 144 Berry Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State Zip Code	Transaction ID: SA11AI.4520
-	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00 Political Contribution
1	Name of Employer MVP	Occupation Vice President	Folitical Contribution
F	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	560.00	
	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
ľ	Mailing Address 144 Berry Road		0 8 2 8 2 0 0 8
	City	State Zip Code	Transaction ID: SA11Al.4521
F	Loudon FEC ID number of contributing federal political committee.	NH 03307	Amount of Each Receipt this Period 80.00
	Name of Employer MVP	Occupation Vice President	Political Contribution
Ī	Receipt For:  Primary  General  Other (specify)	Aggregate Year-to-Date ▼ 640.00	
	IPTOTAL of Possints This Page (entional)		240.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the
r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or use e name and address of any politic	sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Christopher Henchey  Mailing Address 144 Berry Road		Date of Receipt
		09 11 2008
City	State Zip Code	Transaction ID: SA11AI.4522
Loudon	NH 03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00 Political Contribution
Name of Employer MVP	Occupation Vice President	Folitical Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	rigging four to Date	720.00
Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
Mailing Address 144 Berry Road		09 25 2008
City	State Zip Code	Transaction ID: SA11AI.4523
Loudon	NH 03307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer MVP	Occupation Vice President	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		800.00
Full Name (Last, First, Middle Initial) David Henderson	L	Date of Receipt
Mailing Address 1 Loudon Heights		07 03 2008
City	State Zip Code	Transaction ID: SA11AI.4552
Loudonville	NY 12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer MVP	Occupation EVP, Sales and Marketin	Political Contribution ng
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		240.00
SUBTOTAL of Receipts This Page (optional).	1	220.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any per name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		<u>-</u>
	Full Name (Last, First, Middle Initial)  David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		07 17 2008
	City	State Zip Code	Transaction ID: SA11AI.4553
	Loudonville	NY 12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights	07 31 7 2008	
	City	State Zip Code	Transaction ID: SA11AI.4554
	Loudonville	NY 12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	360.00	
_	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		08 14 2008
	City	State Zip Code	Transaction ID: SA11AI.4555
	Loudonville	NY 12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	420.00	
Г		<u> </u>	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 25 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any per- name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		08 28 2008
	City Loudonville	State Zip Code NY 12211	Transaction ID: SA11AI.4556
	FEC ID number of contributing federal political committee.	NY 12211	Amount of Each Receipt this Period  60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 480.00	
	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights	09 11 2008	
	City	State Zip Code	Transaction ID: SA11AI.4557
	Loudonville  FEC ID number of contributing federal political committee.	NY 12211	Amount of Each Receipt this Period  60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	540.00	
_	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.4558
	Loudonville  FEC ID number of contributing federal political committee.	NY 12211	Amount of Each Receipt this Period  60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	SUBTOTAL of Receipts This Page (optional)	1	180.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 26 / 49   (check only one)	
Any information copied from such Reports are 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) Kim Ann Hess			Date of Receipt	
Mailing Address 237 Jacobs Road				
City Macedon	State NY	Zip Code 14502	Transaction ID: SA11AI.4656	
FEC ID number of contributing federal political committee.	C	14302	Amount of Each Receipt this Period  30.00	
Name of Employer MVP Service Corp.	Occupatio VP Media	n caid & Safety Net	Political Contribution	
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 210.00		
Full Name (Last, First, Middle Initial) Kim Ann Hess			Date of Receipt	
Mailing Address 237 Jacobs Road			0 8 28 2008	
City Macedon	State NY	Zip Code 14502	Transaction ID: SA11AI.4657	
FEC ID number of contributing federal political committee.	C	14302	Amount of Each Receipt this Period  30.00	
Name of Employer MVP Service Corp.	Occupatio VP Media	n caid & Safety Net	Political Contribution	
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 240.00		
Full Name (Last, First, Middle Initial) Kim Ann Hess			Date of Receipt	
Mailing Address 237 Jacobs Road			0 9 1 1 2 0 0 8	
City Macedon	State NY	Zip Code 14502	Transaction ID: SA11AI.4658	
FEC ID number of contributing federal political committee.	C	14302	Amount of Each Receipt this Period  30.00	
Name of Employer MVP Service Corp.	Occupatio VP Medic	n caid & Safety Net	Political Contribution	
Receipt For:  Primary  General  Other (specify) ▼	<del>- ' '</del>	Year-to-Date ▼ 270.00		
SUBTOTAL of Receipts This Page (optional	I		90.00	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
ı	Full Name (Last, First, Middle Initial) Kim Ann Hess Mailing Address 237 Jacobs Road		Date of Receipt
	Mailing Address 237 Jacobs Road		09 25 2008
	City	State Zip Code	Transaction ID: SA11AI.4659
	Macedon	NY 14502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp.	Occupation VP Medicaid & Safety Net	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
	Full Name (Last, First, Middle Initial) Kevin Husted	<u> </u>	Date of Receipt
	Mailing Address 38 Fox Hill Drive		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.4649
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00  Political Contribution
	Name of Employer MVP	Occupation VP Information Technology	Folitical Contribution
	Receipt For:  Primary  General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	210.00	
	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		08 / 28 / 4 2008
	City	State Zip Code	Transaction ID: SA11AI.4650
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00  Political Contribution
	Name of Employer MVP	Occupation VP Information Technology	rolliteal continuation
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	240.00	
			90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 49 (check only one)  X 11a 11b 11c 12  13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any 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) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive  City	State Zip Code	0 9 1 1 2 0 0 8  Transaction ID: SA11Al.4651
	Fairport	NY 14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Information Technology	Political Contribution
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  270.00	
	Full Name (Last, First, Middle Initial) Kevin Husted	1	Date of Receipt
	Mailing Address 38 Fox Hill Drive		09 / 25 / 2008
	City	State Zip Code	Transaction ID: SA11AI.4652
	Fairport  FEC ID number of contributing federal political committee.	NY 14450	Amount of Each Receipt this Period  30.00
	Name of Employer MVP	Occupation VP Information Technology	Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
_	Full Name (Last, First, Middle Initial) Dennis Kant	1	Date of Receipt
	Mailing Address 11 White Briar		08 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Pittsford	State Zip Code NY 14534	Transaction ID: SA11AI.4583  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Finance	Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Ę	SUBTOTAL of Receipts This Page (optional)		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 29 / 49 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be se name and address of a	sold or used by any perso any political committee to	on for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial) Dennis Kant			Date of Receipt
Mailing Address 11 White Briar			08 / 28 / 2008
City Pittsford	State Zip NY 145	Code 534	Transaction ID: SA11AI.4584  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupation VP Finance		Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Dennis Kant	1		Date of Receipt
Mailing Address 11 White Briar			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pittsford	State Zip NY 145	Code 534	Transaction ID: SA11AI.4585  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer MVP	Occupation VP Finance		Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 270.00	
Full Name (Last, First, Middle Initial) Dennis Kant			Date of Receipt
Mailing Address 11 White Briar			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pittsford	State Zip NY 145	Code	Transaction ID: SA11AI.4586  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	104	30.00
Name of Employer MVP	Occupation VP Finance		Political Contribution
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-	Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	1		90.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 49 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may le name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC			
Full Name (Last, First, Middle Initial)  Joseph Lia			Date of Receipt
Mailing Address 12 Sutherland Drive			08 14 2008
City <u>Highland Mills</u>	State NY	Zip Code 10930	Transaction ID: SA11AI.4794  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer MVP	Occupation VP of Mic	n d-Hudson Region	Political Contribution
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial)  B. Joseph Lia			Date of Receipt
Mailing Address 12 Sutherland Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Highland Mills	State NY	Zip Code 10930	Transaction ID: SA11AI.4795  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10000	30.00
Name of Employer MVP	Occupation VP of Mic	n d-Hudson Region	Political Contribution
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Joseph Lia			Date of Receipt
Mailing Address 12 Sutherland Drive			0 9 1 1 1 2 0 0 8
City Highland Mills	State NY	Zip Code 10930	Transaction ID: SA11AI.4796  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10930	30.00
Name of Employer MVP	Occupation VP of Mic	n d-Hudson Region	Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	
SUBTOTAL of Receipts This Page (optional) .	1		90.00
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	(Crieck drily drie)
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any ename and address of any political commit	person for the purpose of soliciting contributions tree to 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.	State Zip Code NY 10930  C	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer MVP  Receipt For:  Primary General Other (specify) ▼	VP of Mid-Hudson Region  Aggregate Year-to-Date ▼  300.0	0
Full Name (Last, First, Middle Initial) Leonard Lindenmuth  Mailing Address 33 Oak Street		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.4684
Binghamton	NY 13905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00 Political Contribution
Name of Employer MVP	Occupation VP Southern	1 ontical contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 210.0	0
Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
Mailing Address 33 Oak Street		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4685
Binghamton	NY 13905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00 Political Contribution
Name of Employer MVP	Occupation VP Southern	Political Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 240.0	0
SUBTOTAL of Receipts This Page (optional)		90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 49 (check only one)  X 11a 11b 11c 12  13 14 15 16
0	r for commercial purposes, other than using th	Statements may not be sold or used by any per e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		09 11 2008
	City	State Zip Code	Transaction ID: SA11AI.4686
	Binghamton  FFC ID number of contribution	NY 13905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Southern	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	
_	Full Name (Last, First, Middle Initial) Leonard Lindenmuth	1	Date of Receipt
	Mailing Address 33 Oak Street		09 / 25 / 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.4687
	Binghamton	NY 13905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Southern	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
	Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
	Mailing Address 300 Partridge Lane		08 14 2008
	City	State Zip Code	Transaction ID: SA11AI.4752
	Charlotte	VT 05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermont	Political Contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify) ▼	210.00	
Г		1	90.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 49 (check only one)  X 11a 11b 11c 12  13 14 15 16 16
0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
	Mailing Address 300 Partridge Lane		08 28 2008
	City Charlotte	State Zip Code VT 05445	Transaction ID: SA11AI.4754  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermont	Political Contribution
	Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 240.00	
_	Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
	Mailing Address 300 Partridge Lane		09 11 2008
	City	State Zip Code	Transaction ID: SA11AI.4755
	Charlotte	VT 05445	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Political Contribution
	Name of Employer MVP Service Corp.	Occupation VP Vermont	1 ontical contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	270.00	
	Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
	Mailing Address 300 Partridge Lane		0 9 2 5 2 0 0 8
	City	State Zip Code	Transaction ID: SA11AI.4753
	Charlotte  FEC ID number of contributing federal political committee.	VT 05445	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermont	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
Γ		l	90.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 49 (check only one)  X 11a 11b 11c 12  13 14 15 16
r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pename and address of any political committe	erson for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.  Mailing Address 19 Crimson Way		Date of Receipt
Mailing Address 19 Crimson Way		07 31 2008
City	State Zip Code	Transaction ID: SA11AI.4491
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	Political Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.	I	Date of Receipt
Mailing Address 19 Crimson Way		08 14 2008
City	State Zip Code	Transaction ID: SA11AI.4492
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  280.00	
Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
Mailing Address 19 Crimson Way		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.4493
Webster	NY 14580	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Underwriting and Analysis	Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (optional) .		120.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
C C	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 perse name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
	Mailing Address 19 Crimson Way		09 11 2008
	City	State Zip Code	Transaction ID: SA11AI.4494
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
_	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.	I	Date of Receipt
	Mailing Address 19 Crimson Way		09 / 25 / Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.4495
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00  Political Contribution
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	Political Contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	_
	Other (specify)	400.00	
	Full Name (Last, First, Middle Initial) Dr. Anthony J. Mangiapane	1	Date of Receipt
	Mailing Address 8 Outlook Drive		08 13 7 2008
	City	State Zip Code	Transaction ID: SA11AI.4780
	Mechanicville	NY 12118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00  Political Contribution
	Name of Employer MVP Service Corp.	Occupation Physician	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	250.00	
Г	CURTOTAL of Descints This Daws (antismel)		330.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pere name and address of any political committee	son for the purpose of soliciting contributions
MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) Laurie Metheny  Mailing Address 21 Joellen Drive		Date of Receipt
Maining Address 21 Joenen Drive		07 31 2008
City	State Zip Code	Transaction ID: SA11Al.4676
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation VP, Business Excellence	Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  240.00	
Full Name (Last, First, Middle Initial) Laurie Metheny	I.	Date of Receipt
Mailing Address 21 Joellen Drive		08 14 2008
City	State Zip Code	Transaction ID: SA11AI.4677
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer MVP	Occupation VP, Business Excellence	Political Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 280.00	
Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		0 8 2 8 2 0 0 8
City	State Zip Code	Transaction ID: SA11AI.4678
Rochester	NY 14626	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	40.00
Name of Employer MVP	Occupation VP, Business Excellence	Political Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	
SUBTOTAL of Receipts This Page (optional)		120.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 49 (check only one)    X   11a
A oi	ny information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may no e name and addres	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC			
	Full Name (Last, First, Middle Initial) Laurie Metheny  Mailing Address 21 Joellen Drive			Date of Receipt
				09 11 2008
	City	State	Zip Code	Transaction ID: SA11AI.4679
	Rochester	NY	14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation VP, Busines	ss Excellence	Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 360.00	
_	Full Name (Last, First, Middle Initial) Laurie Metheny			Date of Receipt
	Mailing Address 21 Joellen Drive			09 / 25 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4680
	Rochester NY 14626  FEC ID number of contributing federal political committee.		14626	Amount of Each Receipt this Period
				40.00  Political Contribution
	Name of Employer MVP	<del>-                                     </del>	ss Excellence	Folitical Contribution
	Receipt For: Primary General	Aggregate Ye	ear-to-Date <b>V</b>	_
	Other (specify)		400.00	
_	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			07 17 2008
	Clarment	State	Zip Code	Transaction ID: SA11AI.4625
	Glenmont	NY	12077	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00  Political Contribution
	Name of Employer MVP Occupation EVP, HR		_	- Ontical Contribution
	Receipt For: Primary General	Aggregate Ye	ear-to-Date ▼	_
	Other (specify)		250.00	
	SUBTOTAL of Receipts This Page (optional) .	1		130.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 38 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold on name and address of any p	r used by any person plitical committee to s	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) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			07 31 7 2008
	City Glenmont	State Zip Code NY 12077	1	Transaction ID: SA11AI.4626  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		Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	300.00	
	Full Name (Last, First, Middle Initial) James Morrill	Date of Receipt		
	Mailing Address 54 Henderson Road			0 8 1 4 2 0 0 8
	City	State Zip Code		Transaction ID: SA11AI.4627
	Glenmont	NY 12077		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.00  Political Contribution
	Name of Employer MVP	Occupation EVP, HR		Folitical Contribution
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		350.00	
_	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			M M / D D / Y Y Y Y Y O 8 28 2008
	City	State Zip Code	,	Transaction ID: SA11AI.4628
	Glenmont NY 12077  FEC ID number of contributing federal political committee.  Name of Employer Occupation EVP, HR		•	Amount of Each Receipt this Period 50.00
				Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	400.00	
Г	SUBTOTAL of Receipts This Page (optional)			150.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		09 11 2008
City Glenmont	State Zip Code NY 12077	Transaction ID: SA11AI.4629  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation EVP, HR	Political Contribution
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
Mailing Address 54 Henderson Road		0 9 2 5 2 0 0 8
City	State Zip Code	Transaction ID: SA11Al.4630
Glenmont	NY 12077	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer MVP	Occupation EVP, HR	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
Mailing Address 3 Clare Castle		08 14 2008
City Albany	State Zip Code NY 12205	Transaction ID: SA11AI.4562
FEC ID number of contributing federal political committee.	C 12205	Amount of Each Receipt this Period  30.00
Name of Employer MVP	Occupation Corp VP of Operations	Political Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
SURTOTAL of Receipts This Page (ontional)		130.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:   PAGE 40 / 49   (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	the name and date	areas or any political committee to	odiot contributoro non odon committee.
Full Name (Last, First, Middle Initial)  David Orlando			Date of Receipt
Mailing Address 3 Clare Castle	0 8 2 8 2 0 0 8		
City Albany	State NY	Zip Code 12205	Transaction ID: SA11AI.4563  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12200	30.00
Name of Employer MVP	Occupation Corp VP	n of Operations	Political Contribution
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) David Orlando	1		Date of Receipt
Mailing Address 3 Clare Castle			0 9 1 1 2 0 0 8
City Albany	State NY	Zip Code 12205	Transaction ID: SA11AI.4564  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	12200	30.00
Name of Employer MVP	Occupation Corp VP	n of Operations	Political Contribution
Receipt For:  Primary General  Other (specify) ▼	<del>_ , '</del>	Year-to-Date ▼ 270.00	
Full Name (Last, First, Middle Initial) David Orlando			Date of Receipt
Mailing Address 3 Clare Castle			0 9 2 5 2 0 0 8
City Albany	State NY	Zip Code 12205	Transaction ID: SA11AI.4565  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.2200	30.00
Name of Employer MVP Occupation Corp VP of Opera			Political Contribution
Receipt For:  Primary General  Other (specify) ▼	<del>- ' ' ' - '</del>	e Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	)		90.00

П	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  any information copied from such Reports and S	tataments may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 49 (check only one)    X   11a
	r for commercial purposes, other than using the  NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC	name and addr	ess of any political committee to	os solicit contributions from such committee.
∠ <b>A.</b>	Full Name (Last, First, Middle Initial) Dawn Ryman  Mailing Address 213 Hansen Avenue			Date of Receipt  0 8 1 4 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4569
	Albany FEC ID number of contributing federal political committee.	C	12208	Amount of Each Receipt this Period  30.00
	Name of Employer MVP	Occupation VP of Legal	al Affairs Year-to-Date ▼	Political Contribution
	Primary General Other (specify) ▼	0 0	210.00	
3.	Full Name (Last, First, Middle Initial) Dawn Ryman  Mailing Address 213 Hansen Avenue			Date of Receipt  0 8 2 8 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.4570
	Albany FEC ID number of contributing federal political committee.	C	12208	Amount of Each Receipt this Period  30.00
	Name of Employer MVP	Occupation VP of Lega	al Affairs	Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate \	/ear-to-Date ▼ 240.00	
•	Full Name (Last, First, Middle Initial) Dawn Ryman Mailing Address 213 Hansen Avenue			Date of Receipt
	0.1	01-1-	7'- 0-4-	09 11 2008
	City Albany	State NY	Zip Code 12208	Transaction ID: SA11AI.4571  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP Occupation VP of Legal Affairs			Political Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate \	Year-to-Date ▼ 270.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
or fo	vinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used name and address of any political	d by any person for the purpose of soliciting contributions I committee to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Dawn Ryman		Date of Receipt
-	Mailing Address 213 Hansen Avenue		09 / 25 / Y Y Y Y
	City Albany	State Zip Code NY 12208	Transaction ID: SA11AI.4572  Amount of Each Receipt this Period
ı	FEC ID number of contributing federal political committee.	C	30.00
1	Name of Employer MVP	Occupation VP of Legal Affairs	Political Contribution
Ī	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	300.00
	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt	
Ī	Mailing Address 160 Fifth Avenue	08 14 YYYY 2008	
	City	State Zip Code	Transaction ID: SA11AI.4541
ı	Saratoga Springs FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period  30.00
!	Name of Employer MVP	Occupation VP Sales	Political Contribution
Ī	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼		210.00
	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
ı	Mailing Address 160 Fifth Avenue		08 28 2008
	City	State Zip Code	Transaction ID: SA11AI.4542
- I	Saratoga Springs NY 12866  FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period  30.00
ī !	Name of Employer MVP	Political Contribution	
Ī	Receipt For: Primary General Other (specify)	VP Sales  Aggregate Year-to-Date ▼	240.00
	JBTOTAL of Receipts This Page (optional)	1	90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
A OI	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may not be sold or used by any pere e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		09 / 11 / Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.4543
	Saratoga Springs  FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period  30.00
	Name of Employer	Occupation	Political Contribution
	Receipt For: Primary General Other (specify)	VP Sales Aggregate Year-to-Date ▼ 270.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt	
	Mailing Address 160 Fifth Avenue	09 / 25 / 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.4544
	Saratoga Springs FEC ID number of contributing federal political committee.	NY 12866	Amount of Each Receipt this Period  30.00
	Name of Employer MVP	Occupation VP Sales	Political Contribution
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	300.00	
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
	Mailing Address 33 Everett Drive		0 8
	City	State Zip Code	Transaction ID: SA11AI.4745
	Rochester	NY 14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00  Political Contribution
	Name of Employer MVP	Occupation VP, Sales	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
Г	SUBTOTAL of Receipts This Page (optional)	•	90.00

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 49 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any information copied from or for commercial purposes,  NAME OF COMMITTEE  MVP Health Care Inc	other than using the name and a (In Full)	lay not be sold or used by any pers ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Minary Tadaro-Ott	ddle Initial)		Date of Receipt
Mailing Address 33 Ev  City	erett Drive State	Zip Code	0 8 2 8 2 0 0 8  Transaction ID: SA11AI.4746
Rochester	NY	14624	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee			30.00
Name of Employer MVP	Occupat VP, Sa		Political Contribution
Receipt For:  Primary G  Other (specify) ▼	eneral Aggrega	tte Year-to-Date ▼ 240.00	
Full Name (Last, First, Mi Tracy Tadaro-Ott Mailing Address 33 Ev	ddle Initial)		Date of Receipt
	CICIL DIIVE	09 11 2008	
City	State	Zip Code	Transaction ID: SA11AI.4747
Rochester	Rochester NY		Amount of Each Receipt this Period
FEC ID number of contribution federal political committee			30.00
Name of Employer MVP	Occupat VP, Sa		Political Contribution
Receipt For:  Primary  Other (specify) ▼	eneral Aggrega	tte Year-to-Date ▼ 270.00	
Full Name (Last, First, Mi Tracy Tadaro-Ott	ddle Initial)		Date of Receipt
	erett Drive	7: 0	09 25 2008
City <u>Rocheste</u> r	State NY	Zip Code 14624	Transaction ID: SA11AI.4748
FEC ID number of contrib federal political committee	outing	14024	Amount of Each Receipt this Period  30.00
Name of Employer MVP	Occupat VP, Sa		Political Contribution
Receipt For:  Primary G  Other (specify) ▼	eneral Aggrega	tte Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts Th	is Page (optional)		90.00
	age this line number only)	<u> </u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 49 (check only one)  X 11a 11b 11c 12 13 14 15 16
A or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any pename and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
·	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place		Date of Receipt
			08 14 2008
	City Middletown	State Zip Code CT 06457	Transaction ID: SA11AI.4634  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation CIO	Political Contribution
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
	Full Name (Last, First, Middle Initial) John Vangraafeiland	Date of Receipt	
	Mailing Address 85 Pinehurst Place	08 28 2008	
	City	State Zip Code	Transaction ID: SA11AI.4635
	Middletown	CT 06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00 Political Contribution
	Name of Employer MVP	Occupation CIO	Folitical Contribution
	Receipt For: Primary General	Aggregate Year-to-Date ▼	-
	Other (specify)	240.00	
	Full Name (Last, First, Middle Initial) John Vangraafeiland		Date of Receipt
	Mailing Address 85 Pinehurst Place		0 9 1 1 2 0 0 8
	City	State Zip Code	Transaction ID: SA11Al.4636
	Middletown FEO ID and the street in the stre	CT 06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00 Political Contribution
	Name of Employer MVP	Occupation CIO	1 ontical Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  270.00	
	SUBTOTAL of Receipts This Page (optional)		90.00

A.

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

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

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

S	CHEDULE B (FEC Form 3	X)	FOR LINE NUMBER: PAGE 47 / 49
	EMIZED DISBURSEMENT	' Use separate schedule(s)	(check only one)       21b     22     X     23     24     25     26       27     28a     28b     28c     29     30b
		•	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee
$\rangle$	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) MICHAEL E. MR. MCMAHON  Mailing Address 66 Arnold Street		Transaction ID: SB23.4798 Date of Disbursement  O 9
	City Staten Island Purpose of Disbursement Political Contribution Candidate Name	Ca	Amount of Each Disbursement this Period 1000.00 011 tegory/
	Office Sought:  X House Senate President State: NY District: 13	Disbursement For: 2008  X Primary General Other (specify)	<del>-уре</del>

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

	SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N		PAGE 48 / 49	
	ITEMIZED DISBURSEMENTS		(check only c	22 23 2	24 25 26 28c X 29 30b	
	Any Information copied from such Reports and Statem		by any person for	the purpose of soliciting	ng contributions	
	or for commercial purposes, other than using the name	and address of any political	committee to solic	it contributions from Su	cn committee	
	NAME OF COMMITTEE (In Full)  MVP Health Care Inc. Federal PAC					
A.	Full Name (Last, First, Middle Initial) Melanie Conner			Transaction ID: SE Date of Disbursement		
	Mailing Address 625 State Street			09 / 10	2008	
	•	State Zip Code NY 12305		Amount of Each Disb		
	Purpose of Disbursement Refund of Political Contributions		010		21.00	
	Candidate Name		Category/ Type			
	° 🗎	ement For: 2008 Primary General Other (specify)				
	State: District:					
В.	Full Name (Last, First, Middle Initial) Cameron Erickson			Transaction ID: SE Date of Disbursement		
	Mailing Address 37 Doorstone Drive South	 h		09 10	2008	
		State Zip Code NY 12110		Amount of Each Disb	ursement this Period	
	Purpose of Disbursement Refund of Political Contribution		010		16.00	
	Candidate Name		Category/ Type			
	* H	ement For: 2008 Primary General Other (specify)				

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	37.00
TOTAL This Period (last page this line number only)	•	37.00

State:

District:

### **SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS**

(Use separate schedule(s)

PAGE 49 / 49 FOR

LINE NUMBER:		
ck only one)		9
	X	10

EBIS AND OBLIGATIONS		for each numbered line)	(check only one)	9	
xcluding Loans NAME OF COMMITTEE (In Full)				X 10	
MVP Health Care Inc. Federal PAC					
A. Full Name (Last, First, Middle Initial) of Deb Deluxe Business Checks	tor or Creditor		Nature of Debt (Purpose): Check Printing		
Mailing Address P.O. Box 742572			_		
City State Cincinnati OH	ZIP Code 45274				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.41	63	
145.00					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of T	his Perio	
0.00	0.00		-	45.00	
B. Full Name (Last, First, Middle Initial) of Deb Media Well Done	tor or Creditor		Nature of Debt (Purpose): Advertising		
Mailing Address 96 Jay Street					
City State Schenectady NY	ZIP Code 12305				
Outstanding Balance Beginning This Period		Tra	nsaction ID: SD10.41	65	
338.00					
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of T	his Perio	
0.00	0.00			38.00	
SUBTOTALS This Period This Page (optional	)	<b>&gt;</b>	483.0	0	
TOTALS This Period (last page this line number	er only)	. •	483.0	0	
TOTAL OUTSTANDING LOANS from Sche	dule C (last page only)	. •	0.0	0	
) ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page onl	v) •	483.0	0	