FEC FORM 3X	AND	ORT OF RE DISBURSE	MENTS	ee	Office Use Or	ıly
1. NAME OF COMMITTEE (in fu		C MAILING LABEL E OR PRINT ₩	Example:If typing over the lines	, type		
MVP Health Care II	nc. Federal PAC					
ADDRESS (number and	street) 625 S	tate Street				
Check if differ than previousl reported. (ACC		iectady		NY		j
2. FEC IDENTIFICAT		CITY	A	STATE	E A ZIPO	CODE 🔺
C00431429		3. IS T REF		NEW N) OR	AMENDED (A)	
July 15QuarterlyOctoberQuarterlyJanuary 2QuarterlyJuly 31 MReport(NYear Only	Report(Q1) (c Report(Q2) (5 Report(Q3) 81 Report(YE) (c	PRE-Election Report for the: Election) (M3) (M4) Primary (12F Convention (on General (30C	12C) s	Runoff (30R)	Special (30S)
5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer NOTE : Submission of f	ined this Report and reasurer <u>Mr. F</u> Ele <u>ctronically File</u>	rank Fanshawe	awe	true, correct and co	01 29	2 0 1 0 U.S.C 437g.
Office Use Only					FEC FC (Rev. 12	

Image# 10990192941

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBORSEMENTS	2 / 169
V	Vrite or Type Committee Name MVP Health Care Inc. Federal PAC		
F		07 01 2009 Te	D: M M J D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 ^{Y Y Y}		19923.84
	(b) Cash on Hand at Begining of Reporting Period	20931.84	
	(c) Total Receipts (from Line 19)	21769.00	42187.00
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42700.84	62110.84
7.	Total Disbursements (from Line 31)	6000.00	25410.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36700.84	36700.84
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	483.00	

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

For further information contact:

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

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

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Image#	10990192942	2
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DETAILED SUMMARY PAGE OF RECEIPTS

3 / 169

FEC Form 3X (Rev. 06/2004)	3 / 169	
Write or Type Committee Name MVP Health Care Inc. Federal PAC		
Report Covering the Period: From:	0 1 0 1 2 0 0 9	To:
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	18420.00	30138.00
(ii) Unitemized	3349.00	12049.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨	21769.00	42187.00
(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) ►	21769.00	42187.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. 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
to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21769.00	42187.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21769.00	42187.00

Image# 10990192943

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)		of Disbursements	4 / 169
II. DISBUF	SEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Operating Exper	ditures:		
Activity (fro	m Schedule H4)	0.00	0.00
()	ederal Share	0.00	0.00
()	ral Operating		
Expenditure	95	0.00	0.00
.,	ting Expenditures), (a)(ii) and (b)) 🕨	0.00	0.00
2. Transfers to Affi	,	0.00	0.00
3. Contributions to	tes/Committees		
and Other Politic 4. Independent Exp	al Committees	6000.00	24100.00
(use Schedule E)	0.00	0.00
	enditures Made by Party I.S.C. 441a(d)))	0.00	0.00
6. Loan Repaymen	is Made	0.00	0.00
7 Loans Made		0.00	0.00
8. Refunds of Cont	ributions To:		
	Persons Other al Committees	0.00	16.00
(b) Political Par	ty Committees	0.00	0.00
()	cal Committees	0.00	0.00
`	bution Refunds		
(add Lines 2	28(a), (b), and (c)) 🕨	0.00	16.00
9. Other Disbursem	ients	0.00	1294.00
0. Federal Election	Activity (2 U.S.C 431(20))		
()	eral Election Activity		
(from Sched (i) Federal S	ule H6) Share	0.00	0.00
(ii) "L evin" (Share	0.00	0.00
	tion Activity Paid Entirely		
	Funds	0.00	0.00
()	al Election Activity (add a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursen	nents (add Lines 21(c), 22,		
23, 24, 25, 26, 2	27, 28(d), 29 and 30(c))	6000.00	25410.00
2. Total Federal D	isbursements		
	1(a)(ii) and Line 30(a)(ii)	6000.00	25410.00
from Line 31)		6000.00	25410.00

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DETAILED SUMMARY PAGE

of Disbursements FEC Form 3X (Rev. 02/2003)

5 / 169

	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)	21769.00	42187.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	16.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	21769.00	42171.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 6 / 169 (check only one) X 11a 11b 11c 12
ſ	Any information copied from such Reports and S	Detailed Summary Page Statements may not be sold or used by any perso	13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		07 02 Y Y Y Y 092 2009
	City	State Zip Code	Transaction ID: SA11AI.6210
	Scotia	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	420.00	
- В.	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 07 16 2009
	City	State Zip Code	Transaction ID: SA11AI.6211
	Scotia	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	450.00	
- C.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		M - M / D - D / Y Y - Y <
	City	State Zip Code	Transaction ID: SA11AI.6212
	<u>Scotia</u>	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	480.00	
ſ	SUBTOTAL of Receipts This Page (optional)	······	90.00
ŀ	TOTAL This Period (last page this line number		

-		1	
S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 169 (check only one)
IT	EMIZED RECEIPTS	for each category of the	\overline{X} 11a $\overline{1}$ 11b $\overline{1}$ 11c $\overline{1}$ 12
		Detailed Summary Page	
Ai	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	•••	
	MVP Health Care Inc. Federal PAC		
×۔ م	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		M M / D P Y
	City	State Zip Code	Transaction ID: SA11AI.6213
	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	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General	510.00	
	Other (specify)		
 3.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		08 / 27 / Y Y Y Y 09 / 2009
	City	State Zip Code	Transaction ID: SA11AI.6214
	Scotia	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	540.00	
).	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi	I	Date of Receipt
	Mailing Address 6 Doris Drive		M M / D D / Y Y Y Y 09 10 2009
	City	State Zip Code	Transaction ID: SA11AI.6215
	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	-
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify)	570.00	
		1	

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 169 (check only one) (check 112) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Z	MVP Health Care Inc. Federal PAC		
Α.	Mailing Address 6 Doris Drive		Date of Receipt
		7.0.1	09 24 2009
	City Scotia	State Zip Code NY 12302	Transaction ID: SA11AI.6216 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
- 8.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		10 D D / Y Y Y Y 10 08 2009
	City	State Zip Code	Transaction ID: SA11AI.6217
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
_).	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi	1	Date of Receipt
	Mailing Address 6 Doris Drive		M M / D D / Y Y Y Y 10 22 2009
	City	State Zip Code NY 12302	Transaction ID: SA11AI.6218
	Scotia FEC ID number of contributing federal political committee.	NY 12302	Amount of Each Receipt this Period
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
Γ			90.00

S	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 169
	TEMIZED RECEIPTS	for each category of the	(check only one)
I	I EIVIIZED RECEIPTS	Detailed Summary Page	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 and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	> MVP Health Care Inc. Federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		1 1 0 5 2 0 0 9
	City	State Zip Code	
	•	· ·	Transaction ID: SA11AI.6219
	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	_
	Receipt For:	Aggregate Year-to-Date	
	Other (specify)	690.00	
	Other (specify)		
	Full Name (Last, First, Middle Initial)		
В.	Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		1 1 1 0 0 / Y Y Y Y 1 1 1 1 9 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6220
	Scotia	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	30.00
	Name of Employer	Occupation	-
	MVP Service Corp	VP, Sales Ops	
	Receipt For:	Aggregate Year-to-Date V	_
	Primary General		1
	Other (specify) v	720.00	
_	Full Name (Last, First, Middle Initial)	I	+
C.	Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		1 2 0 3 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6221
	<u>Scotia</u>	NY 12302	Amount of Each Receipt this Period
	FEC ID number of contributing		30.00
	federal political committee.		
	Name of Employer MVP Service Corp	Occupation	1
		VP, Sales Ops	_
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General	750.00	
	Other (specify)		1
Г			
	SUBTOTAL of Receipts This Page (optional)		90.00
\vdash		· · · · · · · · · · · · · · · · · · ·	-
	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	FOR LINE NUMBER: PAGE 10 / 169 (check only one)
Г		Detailed Summary Page	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	tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	MAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		M M / D D / Y
	City Scotia	State Zip Code NY 12302	Transaction ID: SA11AI.6222 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP Service Corp	Occupation VP, Sales Ops	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00]
B.	Full Name (Last, First, Middle Initial) Ms. Mary Bianchi		Date of Receipt
	Mailing Address 6 Doris Drive		1 2 / D D / Y Y Y Y 1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6223
	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 ▼ 810.00]
C.	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		M M / D D / Y Y Y Y 07 02 2009
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.6239
	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	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00]
	SUBTOTAL of Receipts This Page (optional)	· ······	100.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 169 (check only one) (check 11 / 169) X 11a 11b 11c 12 13 14 15 16 11
, C	Any information copied from such Reports and S r for commercial purposes, other than using the	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
	NAME OF COMMITTEE (In Full) WVP Health Care Inc. Federal PAC		
. Z	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		07 / D D / Y Y Y Y 02009
	City	State Zip Code	Transaction ID: SA11AI.6240
	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	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 600.00]
	Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place		Date of Receipt
			07 30 2009
	City	State Zip Code	Transaction ID: SA11AI.6241
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 640.00]
_	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		M M / D D / Y Y Y Y 08 13 2009
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.6243 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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 680.00	
Γ	SUBTOTAL of Receipts This Page (optional)	ı 	120.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the	FOR LINE NUMBER: PAGE 12 / 169 (check only one) I1a X 11a
	Detailed Summary Page	
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persor g the name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
MVP Health Care Inc. Federal PA	C	
Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
Mailing Address 708 Stephens Plac	Ce	M M / D D Y
City	State Zip Code	Transaction ID: SA11AI.6244
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	-
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	720.00	
Other (specify)		
Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
Mailing Address 708 Stephens Plac	ce	09 / 10 / Y Y Y Y 2009
City	State Zip Code	Transaction ID: SA11AI.6245
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	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	760.00	
Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
Mailing Address 708 Stephens Plac	ce	0 9 2 4 2 0 0 9
City	State Zip Code	Transaction ID: SA11AI.6246
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	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	800.00	
SUBTOTAL of Receipts This Page (option	nal)	120.00
ODIVIAL OF RECEIPTS THIS FAGE (OPLION	• • • • • • • • • • • • • • • • • • •	
TOTAL This Period (last page this line nu	mber only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 169 (check only one) X X 11a 11b 11c
	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	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		10 ^M 08 ^J 2009
	City	State Zip Code	Transaction ID: SA11AI.6247
	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	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	840.00	
- В.	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		M M / D D / Y Y Y Y Y 10 22 2009
	City	State Zip Code	Transaction ID: SA11AI.6248
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP & chief Actuary	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	880.00	
- C.	Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
	Mailing Address 708 Stephens Place		M M M / D D / Y Y Y Y Y Y 1 1 0 5 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6249
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP & chief Actuary	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	
ſ	SUBTOTAL of Receipts This Page (optional)	•	120.00
ľ	TOTAL This Period (last page this line number	only)	

	·	
SCHEDULE A (FEC Form 3	X)	FOR LINE NUMBER: PAGE 14 / 169
•	Use separate schedule(s) for each category of the	(check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	Detailed Gummary Page	
Any information copied from such Reports a	and Statements may not be sold or used by any persor	for the purpose of soliciting contributions
or for commercial purposes, other than usin	g the name and address of any political committee to s	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
\rangle MVP Health Care Inc. Federal PA	С	
Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
Mailing Address 708 Stephens Place	ce	M M / D D / Y Y Y Y 111 19 2009
City	State Zip Code	Transaction ID: SA11AI.6250
Schenectady	NY 12303	Amount of Each Receipt this Period
	11 12303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer MVP	Occupation	-
MVP	VP & chief Actuary	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	000.00	
Other (specify) v	960.00	
Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
Mailing Address 708 Stephens Place	20	
Maining Address 700 Stephens Flac		12 03 2009
City	State Zip Code	Transaction ID: SA11AI.6251
Schenectady	NY 12303	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		40.00
		_
Name of Employer MVP	Occupation VP & chief Actuary	
Receipt For:		_
Primary General	Aggregate Year-to-Date	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial) Charles Bloss		Date of Receipt
Mailing Address 708 Stephens Place	ce	
		12 17 2009
City	State Zip Code	Transaction ID: SA11AI.6252
Schenectady	NY 12303	Amount of Each Receipt this Period
		40.00
FEC ID number of contributing		10.00
FEC ID number of contributing federal political committee.	C	
federal political committee.	Occupation	_
federal political committee.	Occupation	
federal political committee.	Occupation VP & chief Actuary Aggregate Year-to-Date ▼	
federal political committee. Name of Employer MVP Receipt For:	Occupation VP & chief Actuary	
federal political committee. Name of Employer MVP Receipt For: Primary General	Occupation VP & chief Actuary Aggregate Year-to-Date ▼	
federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP & chief Actuary Aggregate Year-to-Date ▼	120.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X) Use separate schedule(s) for each category of the Detailed Summary Page and Statements may not be sold or used by any person the name and address of any political committee to	FOR LINE NUMBER: PAGE 15 / 169 (check only one) 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions room on the purpose of soliciting contributions 16 17
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAG		
A. Full Name (Last, First, Middle Initial) Charles Bloss Mailing Address 708 Stephens Place	e	Date of Receipt
City	State Zip Code	Transaction ID: SA11AI.6253
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	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	
Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court		Date of Receipt
		07 02 2009
City	State Zip Code	Transaction ID: SA11AI.6255
Delmar	NY 12054	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) Sue Ann Brown		Date of Receipt
Mailing Address 9 Wembly Court		07 / ^D D / <u>Y Y Y Y</u> 16 / <u>2009</u>
City	State Zip Code	Transaction ID: SA11AI.6256
Delmar FEC ID number of contributing	NY 12054	Amount of Each Receipt this Period
federal political committee.	Occupation	
Receipt For: Primary General Other (specify) ▼	Administrative Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	al)	80.00
	nber only)	

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 169 (check only one) 11a X 11a 13 14 15 16 17
or f	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	L tatements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions
A	Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date ▼ 320.00	Date of Receipt 07 / 0 0 0 / 2009 Transaction ID: SA11AI.6257 Amount of Each Receipt this Period 20.00
B	Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date 340.00	Date of Receipt M M 0 0 1 3 2 0 9 Transaction ID: SA11AI.6258 Amount of Each Receipt this Period 20.00
C .	Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court City Delmar FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12054 C Occupation Administrative Aggregate Year-to-Date ▼ 360.00	Date of Receipt M M / D 0 / Y
	IBTOTAL of Receipts This Page (optional)		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 17 / 169 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	statements may not be sold or used by any perso	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
	Mailing Address 9 Wembly Court		09 / D D / Y Y Y Y 10 2009
	City	State Zip Code	Transaction ID: SA11AI.6260
	Delmar	NY 12054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	380.00	
- В.	Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
	Mailing Address 9 Wembly Court		M M / D D / Y Y Y Y Y 09 24 2009
	City	State Zip Code	Transaction ID: SA11AI.6261
	<u>Delmar</u>	NY 12054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
- C.	Full Name (Last, First, Middle Initial) Sue Ann Brown	1	Date of Receipt
	Mailing Address 9 Wembly Court		M M / D D / Y Y Y Y Y 10 08 2009
	City	State Zip Code	Transaction ID: SA11AI.6262
	Delmar	NY 12054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	60.00
F	TOTAL This Period (last page this line number		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 / 169 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A C	r for commercial purposes, other than using the	Statements may not be sold or used by any person a 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) WVP Health Care Inc. Federal PAC		
<u>ب</u> ۸.	Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
	Mailing Address 9 Wembly Court		10 ^M / 22 ^V Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6263
	Delmar	NY 12054	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 V	
	Other (specify)	440.00]
. –	Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
	Mailing Address 9 Wembly Court		M M / D D / Y Y Y Y 11 1 05 2009
	City	State Zip Code	Transaction ID: SA11AI.6264
	Delmar	NY 12054	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 460.00	
_	Full Name (Last, First, Middle Initial)		
-	Sue Ann Brown Mailing Address 9 Wembly Court		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.6265
	Delmar	NY 12054	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 ▼ 480.00]
Γ		1	60.00

Π	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 169 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 17
	NAME OF COMMITTEE (In Full) NVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.6266
	Delmar	NY 12054	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 ▼ 500.00]
 В.	Full Name (Last, First, Middle Initial) Sue Ann Brown Mailing Address 9 Wembly Court		Date of Receipt
			12 17 2009
	City Delmar	State Zip Code NY 12054	Transaction ID: SA11AI.6268
	FEC ID number of contributing federal political committee.	NY 12054	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00]
— C.	Full Name (Last, First, Middle Initial) Sue Ann Brown		Date of Receipt
0.	Mailing Address 9 Wembly Court		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6269
	Delmar FEC ID number of contributing federal political committee.	NY 12054	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00]
	SUBTOTAL of Receipts This Page (optional)	L	60.00
	FOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not be sold or used by any person name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest 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 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 420.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest 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 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 450.00	Date of Receipt 0 7 1 6 1 2 0 0 9 Transaction ID: SA11AI.6272 Amount of Each Receipt this Period 30.00
_ C.	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest 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 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 480.00	Date of Receipt
F	SUBTOTAL of Receipts This Page (optional)	-	90.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	r information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not be sold or used by any p name and address of any political committe	erson for the purpose of soliciting contributions to solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing tederal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 510.00	Date of Receipt M M / D D / Y Y Y Y Transaction ID: SA11AI.6275 Amount of Each Receipt this Period 30.00
B. (Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest 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 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 540.00	Date of Receipt 08 27 2009 Transaction ID: SA11AI.6276 Amount of Each Receipt this Period 30.00
	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive City Rochester FEC ID number of contributing iederal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14618 C Occupation VP Medical Director Aggregate Year-to-Date ▼ 570.00	Date of Receipt 0 9 / D 0 / Y Y Y Y Transaction ID: SA11AI.6277 Amount of Each Receipt this Period 30.00
	BTOTAL of Receipts This Page (optional)		90.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 22 / 169 (check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St 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
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		M M / D D / Y Y Y Y 09 24 2009
	City	State Zip Code	Transaction ID: SA11AI.6278
	Rochester FEC ID number of contributing	NY 14618	Amount of Each Receipt this Period
	federal political committee.		30.00
	Name of Employer MVP	Occupation VP Medical Director	_
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	600.00]
В.	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		M M / D D / Y Y Y Y 10 08 2009
	City	State Zip Code	Transaction ID: SA11AI.6279
	Rochester	NY 14618	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	630.00]
C.	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
•	Mailing Address 285 Willowcrest Drive		M M / D D / Y Y Y Y 10 22 2009
	City	State Zip Code	Transaction ID: SA11AI.6280
	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: Primary General	Aggregate Year-to-Date V	
	Other (specify) ▼	660.00	
	SUBTOTAL of Receipts This Page (optional)		90.00
	TOTAL This Period (last page this line number of	only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 169 (check only one) X X 11a 11b 11c 12
A	ny information copied from such Reports and S	Statements may not be sold or used by any pers	13 14 15 16 1 con for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
. Z	Full Name (Last, First, Middle Initial) Carl Cameron		Date of Receipt
	Mailing Address 285 Willowcrest Drive		1 1 0 5 Y Y Y Y 1 1 1 0 5 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6281
	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	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
	Full Name (Last, First, Middle Initial) Carl Cameron Mailing Address 285 Willowcrest Drive	1	Date of Receipt
	City	State Zip Code	
	Rochester	NY 14618	Transaction ID: SA11AI.6282 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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
	Full Name (Last, First, Middle Initial) Carl Cameron	1	Date of Receipt
	Mailing Address 285 Willowcrest Drive		1 2 0 3 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6283
	Rochester FEC ID number of contributing federal political committee.	NY 14618	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation VP Medical Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	90.00

		FOR LINE NUMBER: PAGE 24/169			
SCHEDULE A (FEC Form 3X)		(check only one)			
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12			
		13 14 15 16 17			
or for commercial purposes, other than using the	Statements may not be sold or used by any person ne 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) A. Carl Cameron		Date of Receipt			
Mailing Address 285 Willowcrest Driv	Mailing Address 285 Willowcrest Drive				
City	State Zip Code	Transaction ID: SA11AI.6284			
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 V	-			
Primary General					
Other (specify) ▼	780.00				
Full Name (Last, First, Middle Initial) Carl Cameron	·	Date of Receipt			
Mailing Address 285 Willowcrest Drive	Mailing Address 285 Willowcrest Drive				
City	State Zip Code	Transaction ID: SA11AI.6285			
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 V				
Primary General Other (specify) ▼	810.00				
Full Name (Last, First, Middle Initial) Mr. Thomas J. Combs		Date of Receipt			
Mailing Address 1620 Scribner Road		07 14 2009			
City	State Zip Code	Transaction ID: SA11AI.7290			
Penfield	NY 14526	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	1000.00			
Name of Employer MVP Service Corp.	Occupation Sr. Management				
Receipt For:	Aggregate Year-to-Date V	7			
Primary General Other (specify) ▼	1000.00				
SUBTOTAL of Receipts This Page (optional)	·····	1060.00			
TOTAL This Period (last page this line number	er only)				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 25 / 169 (check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si 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 oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive	07 02 Y Y Y Y 099	
	City	State Zip Code	Transaction ID: SA11AI.6347
		NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	420.00]
В.	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive	M M / D D / Y Y Y Y 07 16 2009	
	City	State Zip Code	Transaction ID: SA11AI.6348
		NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For:	Aggregate Year-to-Date V	_
	Other (specify) ▼	450.00]
C.	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
-	Mailing Address 7723 Majestic Drive		M M / D D / Y Y Y Y 07 30 2009
	City	State Zip Code	Transaction ID: SA11AI.6349
		NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	480.00]
	SUBTOTAL of Receipts This Page (optional)		90.00
	TOTAL This Period (last page this line number of		

ę	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 169 (check only one)
I	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} X & 11a \\ \hline 13 & 14 \\ \hline 15 & 16 \\ \hline 17 \\ \hline \end{array}$
	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 personance and address of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
⊻ A.	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive	0 8 / D D / Y Y Y Y 0 8 / 1 3 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.6350
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		1
	Other (specify) v	510.00	
- В.	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive		
	City	State Zip Code	Transaction ID: SA11AI.6351
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	540.00]
– C.	Full Name (Last, First, Middle Initial) Patricia Deferio	1	Date of Receipt
	Mailing Address 7723 Majestic Drive		M M / D D / Y Y Y Y 09 10 2009
	City	State Zip Code	Transaction ID: SA11AI.6352
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For:	Aggregate Year-to-Date	_
	Primary General Other (specify) ▼	570.00]
ſ	SUBTOTAL of Receipts This Page (optional)	l	90.00
ŀ	TOTAL This Period (last page this line number		

ITEMIZED RECEIPTS Dor each category of the Dataled Summary Page X 11a 11b 11c 12 15 10 12 Any information copied from such Reports and Statements may not be sold or used by any person for the purpase of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) MVP Health Care Inc. Federal PAC Any information copied from such Reports and Statements may not be sold or used by any person for the purpase of soliciting contributions from such committee. NAME OF COMMITTEE (in Full) MVP Health Care Inc. Federal PAC MVP Health Care Inc. Federal PAC Patricia Deterio Mailing Address 7723 Majestic Drive Date of Receipt City State Zip Code Mount of Each Receipt this Period FEC: ID number of contributing federal political committee. Occupation Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 7723 Majestic Drive C Tansaction ID: SA11AL:6354 Amount of Each Receipt I with and the Initial) Date of Receipt Date of Receipt City State Zip Code Tansaction ID: SA11AL:6354 Mailing Address 7723 Majestic Drive General Other (specify) Tansaction ID: SA11AL:6354 Mailing Address 7723 Majestic Drive General Occupation		SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 169 (check only one)				
Ary information caple from such Reports and Statements may not be sold or used by any person for the purpose of soldling contributions from such contributions from su		ITEMIZED RECEIPTS	3 ,	X 11a 11b 11c 12				
MVP Health Care Inc. Federal PAC A. Full Name (Last, First, Middle Initial) Particia Deleteio City Date of Receipt City State Zip Code Diverpool NY 1399 FEC ID number of contributing federal political committee C Transaction DI: SA11AL6353 Amount of Employer Regional Network Director Aggregate Year-to-Date ▼ B. Full Name (Last, First, Middle Initial) Particia Deferio Date of Receipt Mailing Address 7723 Majestic Drive Image Contributing federal political committee Transaction DI: SA11AL6354 Mailing Address 7723 Majestic Drive C Transaction DI: SA11AL6354 Mailing Address 7723 Majestic Drive Transaction DI: SA11AL6354 Namer of Employer Occupation Regional Network Director Amount of Each Receipt His Period Primary General Occupation Regional Network Director S0.00 Receipt For: Aggregate Year-to-Date V S0.00 Transaction DI: SA11AL6355 Nymp of Employer General Occupation Regional Network Director S0.00 Transaction DI: SA11AL6355 Nymp of Employer General Occupation Regional Network Director S0.00		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 person name and address of any political committee to	on for the purpose of soliciting contributions				
A. Full Net (Last, First, Middle Initial) Particla Defenio Mailing Address Mailing Address 7723 Majestic Drive City State Liverpool NY Timese (Last, First, Middle Initial) Particla Defenio NMP Receipt For: Particla Defenio Particla Defenio NMP Receipt For: Particla Defenio Particla Defenio NMP Receipt For: Particla Defenio Name (Last, First, Middle Initial) Particla Defenio Other (specify)								
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federal political committee. S0.00 Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 660.00		· · ·	NY 13090	Amount of Each Receipt this Period				
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Receipt For: Aggregate Year-to-Date Primary General Other (specify) ▼		Name of Employer MVP						
Other (specify) ▼ 660.00			Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)			660.00]				
	[SUBTOTAL of Receipts This Page (optional)	L	90.00				
TOTAL This Period (last page this line number only)								

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s for each category of the Detailed Summary Page	X 11a 11b 11c 12 I 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committ	ee to solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.6356
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
- В.	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive		Date of Receipt
	Maning Address 7723 Majestic Drive	11 19 2009	
	City	State Zip Code	Transaction ID: SA11AI.6357
	Liverpool	NY 13090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 720.00	
- С.	Full Name (Last, First, Middle Initial) Patricia Deferio		Date of Receipt
	Mailing Address 7723 Majestic Drive		M M / D D / Y Y Y Y 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.6358
	Liverpool FEC ID number of contributing federal political committee.	NY 13090	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation Regional Network Director	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 750.00	
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An or	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	n for the purpose of soliciting contributions solicit contributions from such committee.	
Α.	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Date of Receipt	
В.	Full Name (Last, First, Middle Initial) Patricia Deferio Mailing Address 7723 Majestic Drive City Liverpool FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 13090 C Occupation Regional Network Director Aggregate Year-to-Date ▼ 810.00	Date of Receipt 1 2 3 1 2 0 0 9 Transaction ID: SA11AI.6360 Amount of Each Receipt this Period 30.00
с.	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 Other (specify) ▼	State Zip Code NY 12303 C Occupation Treasurer Aggregate Year-to-Date 420.00	Date of Receipt
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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 30 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road	Date of Receipt	
	City	State Zip Code	Transaction ID: SA11AI.6362
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.6363
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Treasurer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00]
C.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe		Date of Receipt
	Mailing Address 430 Ridgehill Road		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6364
	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	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00]
	SUBTOTAL of Receipts This Page (optional)	······	90.00
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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 31 / 169 (check only one) (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	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
A.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe	Full Name (Last, First, Middle Initial)			
	Mailing Address 430 Ridgehill Road			M M / D D / Y	
	City <u>Schenectady</u>	State NY	Zip Code	Transaction ID: SA11AI.6365	
	Schenectady FEC ID number of contributing federal political committee.	C	12303	Amount of Each Receipt this Period 30.00	
	Name of Employer MVP	Occupation Treasurer			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 540.00]	
В.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road	-		Date of Receipt	
	City	State	Zip Code	0 9 1 0 2 0 0 9 Transaction ID: SA11AI.6366	
	Schenectady	NY	12303	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer MVP	Occupation Treasurer			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 570.00]	
С.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt	
	Mailing Address 430 Ridgehill Road			M M / D D / Y Y Y Y 09 24 2009	
	City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.6367 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer MVP	Occupation Treasurer			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 600.00		
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	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 pers dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
ے م	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			10 ^{/ D D} / Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.6368
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio Treasure		
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	630.00	
	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			10 ^{//} 22 [/] 2009
	City	State	Zip Code	Transaction ID: SA11AI.6369
	Schenectady FEC ID number of contributing federal political committee.	C	12303	Amount of Each Receipt this Period
	Name of Employer MVP	Occupatio Treasure		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	> Year-to-Date ▼ 660.00]
	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			M M / D D / Y Y Y Y 11 1 05 2009
	City Schenectady	State NY	Zip Code 12303	Transaction ID: SA11AI.6370 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio Treasure		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 690.00]
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	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	ne name and ad	dress of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.6371
	Schenectady	NY	12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio Treasure		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 720.00	
- В.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.6372
	Schenectady FEC ID number of contributing federal political committee.	C	12303	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupatio Treasure		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe			Date of Receipt
	Mailing Address 430 Ridgehill Road			M M / D D / Y Y Y Y 12 / 17 2009
	City <u>Schenectady</u>	State NY	Zip Code 12303	Transaction ID: SA11AI.6374 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio Treasure		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 780.00	
Γ				90.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $34 / 169$ (check only one)(check only one)X11a11b1314151617on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Mr. Frank Fanshawe Mailing Address 430 Ridgehill Road City State Schenectady NY FEC ID number of contributing federal political committee. C Name of Employer Occupation MVP Transmittee		Zip Code 12303	Date of Receipt
	Receipt For: Primary General Other (specify) ▼	Treasure Aggregate	er e Year-to-Date V 810.00]
В.	Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place		7	Date of Receipt
	City <u>Slingerlands</u> FEC ID number of contributing federal political committee.	State NY	Zip Code 12159	Transaction ID: SA11AI.6409 Amount of Each Receipt this Period 40.00
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼		n work Management e Year-to-Date 560.00]
C.	Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place			Date of Receipt
	City Slingerlands FEC ID number of contributing federal political committee.	State NY	Zip Code 12159	07 16 2009 Transaction ID: SA11AI.6410 Amount of Each Receipt this Period 40.00
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼		n work Management e Year-to-Date 600.00]
	SUBTOTAL of Receipts This Page (optional)			110.00
	TOTAL This Period (last page this line number of	only)		

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 169 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c} \hline X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 16 \\ \hline 17 \\ \hline \end{array}$
	Any information copied from such Reports and Star or for commercial purposes, other than using the na	ements may not be sold or used by any perso ame and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		M M / D D / Y Y Y Y 07 30 2009
	City	State Zip Code	Transaction ID: SA11AI.6411
	Slingerlands	NY 12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	40.00
	Name of Employer MVP	Occupation EVP Network Management	-
	Receipt For:	Aggregate Year-to-Date	
	Other (specify)	640.00	
В.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6412
	Slingerlands	NY 12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For:	Aggregate Year-to-Date	_
	Other (specify) ▼	680.00	
C.	Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
	Mailing Address 500 Normanskill Place		M M / D D / Y Y Y Y 08 27 2009
	City	State Zip Code	Transaction ID: SA11AI.6413
	Slingerlands	NY 12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation EVP Network Management	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	720.00	
	SUBTOTAL of Receipts This Page (optional)	•	120.00
	TOTAL This Period (last page this line number or	ly)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 169 (check only one)
	Any information copied from such Reports and Statements may not be sold or used by any person for or for commercial purposes, other than using the name and address of any political committee to solic NAME OF COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
	Mailing Address 500 Normanskill Place			09 / 10 / Y Y Y Y 2009
	City	State	Zip Code	Transaction ID: SA11AI.6414
	<u>Slingerlands</u>	NY	12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation EVP Network Management Aggregate Year-to-Date ▼ 760.00		
	Receipt For:			
	Primary General Other (specify) ▼]
в.	Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
	Mailing Address 500 Normanskill Place			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.6415
	<u>Slingerlands</u>	NY	12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation EVP Netv	vork Management	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	800.00]
с.	Full Name (Last, First, Middle Initial) Mark Fish			Date of Receipt
	Mailing Address 500 Normanskill Place			M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.6416
	Slingerlands	NY	12159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	1 1	vork Management	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	1
[0 0	0 0 0 0 0 0 0 0	<u> </u>
	SUBTOTAL of Receipts This Page (optional)			120.00
	TOTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than usin	and Statements may not be sold or used by any persor ng the name and address of any political committee to s	n for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PA	С				
Full Name (Last, First, Middle Initial) Mark Fish					
Mailing Address 500 Normanskill F	Place				
City	State Zip Code	Transaction ID: SA11AI.6417			
Slingerlands	NY 12159	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		40.00			
Name of Employer MVP	Occupation EVP Network Management				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	880.00				
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt			
Mailing Address 500 Normanskill F	Place	M M / D D / Y Y Y Y 1 1 05 2009			
City	State Zip Code	Transaction ID: SA11AI.6418			
Slingerlands	NY 12159	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer MVP	Occupation EVP Network Management				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	920.00				
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt			
Mailing Address 500 Normanskill F	Place	M M / D D / Y Y Y Y 111 19 2009			
City	State Zip Code	Transaction ID: SA11AI.6419			
Slingerlands	NY 12159	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	40.00			
Name of Employer MVP	Occupation EVP Network Management]			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00				
SUBTOTAL of Receipts This Page (option	nal)	120.00			
	mber only)				

	SCHEDULE A (FEC Form 3X)		Use separate s	chedule(s)	FOR LINE NUMBER: PAGE 38 / 169
	ITEMIZED RECEIPTS		for each catego		(check only one)
			Detailed Summ	nary Page	X 11a 11b 11c 12
	Г				13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	y not be sold or use dress of any politic	ed by any perso al 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				
А.	Full Name (Last, First, Middle Initial) Mark Fish				Date of Receipt
	Mailing Address 500 Normanskill Place			M M / D D / Y Y Y Y Y <thy< th=""> Y</thy<>	
	City	State	Zip Code		Transaction ID: SA11AI.6420
	Slingerlands	NY	12159		Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	-	
	federal political committee.	C			0.00
	Name of Employer MVP	Occupatio EVP Net	n work Manageme	ent	Voided check
	Receipt For:		e Year-to-Date 🔻		1
	Primary General	Aggregate			
	Other (specify)			960.00	
		0 0	0 0 0 0 0	0 0 0	
в.	Full Name (Last, First, Middle Initial) Mark Fish				Date of Receipt
υ.	Mailing Address 500 Normanskill Place				
					12 17 2009
	City	State	Zip Code		Transaction ID: SA11AI.6421
	Slingerlands	NY	12159		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			80.00
	Name of Employer MVP	Occupatio	on work Manageme	ent	-
	Receipt For:	1 I	e Year-to-Date 🔻	5111	-
	Primary General	Aggregate			
	Other (specify) ▼	0 0	0 0 0 0 0	1040.00	
C.	Full Name (Last, First, Middle Initial) Mark Fish	I			Date of Receipt
0.	Mailing Address 500 Normanskill Place				
	City	State	Zip Code		Transaction ID: SA11AI.6422
	Slingerlands	NY	12159		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			40.00
	Name of Employer MVP	Occupatio EVP Net	on work Manageme	ent	
	Receipt For:		e Year-to-Date 🔻		1
	Primary General	, iggi oguio			
	Other (specify) ▼		0 0 0 0 0	1080.00	
	SUBTOTAL of Receipts This Page (optional)				120.00
	TOTAL This Period (last page this line number of	only)		····· 🚩	

	HEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 39 / 169 (check only one)
ITE	EMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
Any or fo	information copied from such Reports and S or commercial purposes, other than using the	Statements may not be sold or used by any pers	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
	Full Name (Last, First, Middle Initial) John Gajewski	Date of Receipt	
Ν	Mailing Address 166 Jordan Blvd		M M / D D / Y Y Y Y Y 10 23 2009
	City	State Zip Code	Transaction ID: SA11AI.6431
F	Delmar FEC ID number of contributing ederal political committee.	NY 12054	Amount of Each Receipt this Period
1	Name of Employer	Occupation	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 210.00	
3. _	Full Name (Last, First, Middle Initial) John Gajewski Mailing Address 166 Jordan Blvd		Date of Receipt
_		11 06 2009	
	City Delmar	State Zip Code NY 12054	Transaction ID: SA11AI.6432
- F	FEC ID number of contributing ederal political committee.	C	Amount of Each Receipt this Period
1	Name of Employer	Occupation	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
	Full Name (Last, First, Middle Initial) John Gajewski	I	Date of Receipt
Ν	Mailing Address 166 Jordan Blvd		M M / D D / Y Y Y Y 111 20 2009
	City Delmar	State Zip Code NY 12054	Transaction ID: SA11AI.6433 Amount of Each Receipt this Period
F	EC ID number of contributing ederal political committee.	C	10.00
1	Name of Employer	Occupation	
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	
		1	30.00

ITEMIZED	copied from such Reports and	Use separate for each cate Detailed Sum Statements may not be sold or u	gory of the mary Page sed by any person	FOR LINE NUMBER: PAGE 40 / 169 (check only one) 11a 11b 11c 12 X 11a 14 15 16 17 for the purpose of soliciting contributions
	I purposes, other than using th DMMITTEE (In Full) Dare Inc. Federal PAC	a name and address of any polit	ical committee to s	olicit contributions from such committee.
A. John Gajewski Mailing Addre City Delmar FEC ID numb federal politica Name of Emp Receipt For: Primary	ess 166 Jordan Blvd	State Zip Code NY 12054 C Occupation Aggregate Year-to-Date	240.00	Date of Receipt 1 2 0 0 4 2 0 0 9 Transaction ID: SA11AI.6434 Amount of Each Receipt this Period 10.00
B. Full Name (La John Gajewski Mailing Addre City Delmar FEC ID numb federal politica Name of Emp Receipt For: Primary	ast, First, Middle Initial) ss 166 Jordan Blvd per of contributing al committee.	State Zip Code NY 12054 C Occupation Aggregate Year-to-Date		Date of Receipt 1 2 / 1 8 / 2 0 0 9 Transaction ID: SA11AI.6435 Amount of Each Receipt this Period 10.00
C. John Gajewski Mailing Addre City Delmar FEC ID numb federal politica Name of Emp Receipt For: Primary	ess 166 Jordan Blvd	State Zip Code NY 12054 C Occupation Aggregate Year-to-Date	260.00	Date of Receipt
		only)		30.00

EDULE A (FEC Form 3X) IIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page atements may not be sold or used by any perso name and address of any political committee to	FOR LINE NUMBER: PAGE 41 / 169 (check only one) Image: Check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee. Image: Check of Receipt	
Formation copied from such Reports and State commercial purposes, other than using the in ME OF COMMITTEE (In Full) /P Health Care Inc. Federal PAC Name (Last, First, Middle Initial) Statti ling Address 8 Wendy Lane	Detailed Summary Page atements may not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.	
commercial purposes, other than using the in ME OF COMMITTEE (In Full) /P Health Care Inc. Federal PAC Name (Last, First, Middle Initial) Gatti ling Address 8 Wendy Lane	atements may not be sold or used by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.	
commercial purposes, other than using the in ME OF COMMITTEE (In Full) /P Health Care Inc. Federal PAC Name (Last, First, Middle Initial) Gatti ling Address 8 Wendy Lane	atements may not be sold or used by any person name and address of any political committee to	solicit contributions from such committee.	
/P Health Care Inc. Federal PAC Name (Last, First, Middle Initial) Satti ling Address 8 Wendy Lane		Date of Receipt	
Name (Last, First, Middle Initial) Satti ling Address 8 Wendy Lane		Date of Receipt	
Gatti ling Address 8 Wendy Lane		Date of Receipt	
-			
/		M M / D D / Y	
	State Zip Code	Transaction ID: SA11AI.6460	
Hartford	CT 06117	Amount of Each Receipt this Period	
C ID number of contributing eral political committee.	C	40.00	
ne of Employer P	Occupation Exec VP	-	
ceipt For:	·	-	
Primary General			
Other (specify) v			
Name (Last, First, Middle Initial) Gatti		Date of Receipt	
ling Address 8 Wendy Lane		M M / D D / Y Y Y Y 07 16 2009	
/	State Zip Code	Transaction ID: SA11AI.6461	
Hartford	CT 06117	Amount of Each Receipt this Period	
C ID number of contributing eral political committee.	C	40.00	
ne of Employer P	Occupation Exec VP	7	
ceipt For:	Aggregate Year-to-Date V		
Primary General Other (specify) ▼	600.00		
I Name (Last, First, Middle Initial) Gatti		Date of Receipt	
ling Address 8 Wendy Lane		M M / D D / Y Y Y Y 07 30 2009	
/	State Zip Code	Transaction ID: SA11AI.6462	
Hartford	CT 06117	Amount of Each Receipt this Period	
C ID number of contributing eral political committee.	C	40.00	
ne of Employer P	Occupation Exec VP	1	
ceipt For:	Aggregate Year-to-Date ▼	7	
Primary General Other (specify) ▼	640.00		
		120.00	
	eeipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) Gatti ling Address 8 Wendy Lane Hartford C ID number of contributing eral political committee. ne of Employer P reipt For: Primary General Other (specify) ▼ Name (Last, First, Middle Initial) Gatti ling Address 8 Wendy Lane Mame (Last, First, Middle Initial) Gatti ling Address 8 Wendy Lane Hartford C ID number of contributing eral political committee. ne of Employer P reipt For: Primary General Other (specify) ▼ C ID number of contributing eral political committee. ne of Employer P reipt For: Primary General Other (specify) ▼	Primary General Other (specify) ✓ Name (Last, First, Middle Initial) aatti ling Address 8 Wendy Lane Aggregate Year-to-Date ✓ Y State Zip Code Hartford CT Ofter (specify) Magregate Year-to-Date Y State Zip Code C C Primary General Other (specify) Primary General Other (specify) Primary General Other (specify) Name (Last, First, Middle Initial) iatti Ing Address 8 Wendy Lane Y Primary General Other (specify) Ing Address 8 Wendy Lane Y State Zip Code C Ing Address 8 Wendy Lane Y Aggregate Year-to-Date Y C Ing Address 8 Wendy Lane Y Aggregate Year-to-Date Y Primary General	

	SCHEDULE A (FEC Form 3X)			F	OR LINE NUMBER: PAGE 42 / 169	
			Use separate schedule(s) for each category of the	<i>(</i>	check only one)	
			Detailed Summary Page	,	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	Statements may	y not be sold or used by any dress of any political commiti	person fo	r the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)					
	MVP Health Care Inc. Federal PAC					
, А.	Full Name (Last, First, Middle Initial) Al Gatti				Date of Receipt	
	Mailing Address 8 Wendy Lane				M M / D D / Y Y Y Y 08 13 2009	
	City	State	Zip Code		Transaction ID: SA11AI.6463	
	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	Occupatio Exec VP	n			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	680.00)		
В.	Full Name (Last, First, Middle Initial) Al Gatti				Date of Receipt	
	Mailing Address 8 Wendy Lane			M M / D D / Y		
	City	State	Zip Code		Transaction ID: SA11AI.6464	
	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	Occupatio Exec VP	n			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	720.00			
C.	Full Name (Last, First, Middle Initial) Al Gatti	I			Date of Receipt	
	Mailing Address 8 Wendy Lane				M M / D D / Y Y Y Y 09 / 10 / 2009	
	City	State	Zip Code		Transaction ID: SA11AI.6465	
	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	Occupatio Exec VP	n			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	760.00			
	SUBTOTAL of Receipts This Page (optional)			•	120.00	
	TOTAL This Period (last page this line number	only)		►		

-			FOR LINE NUMBER: PAGE 43 / 169
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS	for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
	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 perse e name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		M M / D D / Y Y Y Y 09 24 2009
	City	State Zip Code	Transaction ID: SA11AI.6466
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify)	800.00	
- 3.	Full Name (Last, First, Middle Initial) Al Gatti	•	Date of Receipt
	Mailing Address 8 Wendy Lane		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y
	City	State Zip Code	Transaction ID: SA11AI.6467
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	840.00	
;.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane		10 ¹ /22 ¹ /2009
	City	State Zip Code	Transaction ID: SA11AI.6468
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	880.00	
Г		l	120.00

			FOR LINE NUMBER: PAGE 44 / 169
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage	
	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 person e name and address of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	angle MVP Health Care Inc. Federal PAC		
بر A.	Full Name (Last, First, Middle Initial) Al Gatti	Date of Receipt	
	Mailing Address 8 Wendy Lane		M M / D D / Y Y Y Y 11 1 05 2009
	City	State Zip Code	Transaction ID: SA11AI.6469
	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	
	Receipt For:	Aggregate Year-to-Date 🔻	-
	Primary General	920.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
	Mailing Address 8 Wendy Lane	M M / D D Y	
	City	State Zip Code	Transaction ID: SA11AI.6470
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	960.00]
_ C.	Full Name (Last, First, Middle Initial) Al Gatti		Date of Receipt
0.	Mailing Address 8 Wendy Lane		M M / D D / Y Y Y Y 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.6471
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00]
Г			

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 45 / 169 (check only one) I1a 11b 11c 12 I 13 14 15 16 17 on for the purpose of soliciting contributions 110 110 110 110
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) WVP Health Care Inc. Federal PAC	name and address of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane City W. Hartford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code C Occupation Exec VP Aggregate Year-to-Date	Date of Receipt M M / D D / Y
_	Other (specify) ▼ Full Name (Last, First, Middle Initial) Al Gatti Mailing Address 8 Wendy Lane City W. Hartford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06117 Occupation Exec VP Aggregate Year-to-Date 1080.00	Date of Receipt 12 / 31 / 2009 Transaction ID: SA11AI.6473 Amount of Each Receipt this Period 40.00
с.	Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation VP Health Services Aggregate Year-to-Date ▼ 280.00	Date of Receipt
	SUBTOTAL of Receipts This Page (optional)		100.00

			FOR LINE NUMBER: PAGE 46 / 169
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	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	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.
[NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
A .	Full Name (Last, First, Middle Initial) Bill Geddings	Date of Receipt	
	Mailing Address 75 Robinwood Drive		07 ^M /16 ^Y YYYY 02009
	City	State Zip Code	Transaction ID: SA11AI.6492
	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 V	1
	Primary General	300.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Bill Geddings	•	Date of Receipt
	Mailing Address 75 Robinwood Drive		07 / 0 / Y Y Y Y 0 0 / 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6493
	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	320.00	
	Other (specify)		
С.	Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
	Mailing Address 75 Robinwood Drive		08 / D D / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6494
	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 ▼	
	Other (specify)	340.00	
	SUBTOTAL of Receipts This Page (optional)		60.00
	TOTAL This Period (last page this line number	-	

SCHEDULE A (F ITEMIZED RECE	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied fro or for commercial purpose NAME OF COMMITTE MVP Health Care In	s, other than using the name and ac EE (In Full)	ay not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Bill Geddings	Middle Initial) Robinwood Drive State NY tributing tee. Occupati VP Hea General Aggregat	Zip Code 12065 on Ith Services te Year-to-Date ▼ 360.00	Date of Receipt M M / D D / Y Y Y Y 2 0 0 9 Transaction ID: SA11Al.6495 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Bill Geddings Mailing Address 75 City Clifton Park FEC ID number of con federal political commit Name of Employer MVP Receipt For: Primary Other (specify)	Robinwood Drive State NY tributing tee. C Occupati VP Hea Aggregat	Zip Code 12065 on Ith Services te Year-to-Date ▼ 380.00	Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 0 9 Transaction ID: SA11AI.6496 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Bill Geddings Mailing Address 75 City Clifton Park FEC ID number of con federal political commit Name of Employer MVP Receipt For: Primary Other (specify)	Robinwood Drive State NY tributing tee. C Occupati VP Hea Aggregat	Zip Code 12065 on Ith Services te Year-to-Date ▼ 400.00	Date of Receipt M M / D D / Y Y Y Y Transaction ID: SA11Al.6497 Amount of Each Receipt this Period 20.00
	This Page (optional) page this line number only)		60.00

<u>c</u>	SCHEDULE A (FEC Form 3X)	·		FOR LINE NUMBER: PAGE 48 / 169	
	TEMIZED RECEIPTS		eparate schedule(s) ch category of the	(check only one)	
I			ed Summary Page	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 s a name and address of a	old or used by any perso any political committee to	n for the purpose of soliciting contributions	
Ν	NAME OF COMMITTEE (In Full)				
	angle MVP Health Care Inc. Federal PAC				
×.	Full Name (Last, First, Middle Initial) Bill Geddings	Date of Receipt			
	Mailing Address 75 Robinwood Drive			M M / D D / Y	
	City	•	Code	Transaction ID: SA11AI.6498	
	Clifton Park	NY 120	65	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer MVP	Occupation VP Health Servic	ces	-	
	Receipt For:	Aggregate Year-to-	Date 🔻		
	Primary General Other (specify) ▼		420.00		
	Full Name (Last, First, Middle Initial) Bill Geddings			Date of Receipt	
	Mailing Address 75 Robinwood Drive			M / D / Y	
	City	•	Code	Transaction ID: SA11AI.6499	
	Clifton Park	NY 120	65	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer MVP	Occupation VP Health Servic	ces		
	Receipt For:	Aggregate Year-to-	Date 🔻		
	Primary General Other (specify) ▼		440.00		
-	Full Name (Last, First, Middle Initial) Bill Geddings			Date of Receipt	
	Mailing Address 75 Robinwood Drive			M M / D D / Y Y Y Y 111 05 2009	
	City Clifton Park	State Zip NY 120	Code	Transaction ID: SA11AI.6500 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		20.00	
	Name of Employer MVP	Occupation VP Health Servic	ces	-	
	Receipt For: Primary General	Aggregate Year-to-	Date 🔻		
	Other (specify)		460.00		
Γ	SUBTOTAL of Receipts This Page (optional)			60.00	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 169 (check only one) 11a X 11a 11b 13 14 15 16 16 17 16 17 In for the purpose of soliciting contributions solicit contributions solicit contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive		Date of Receipt
	City	Transaction ID: SA11AI.6501	
	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00]
- B.	Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive		Date of Receipt
		12 03 2009	
	City	State Zip Code	Transaction ID: SA11AI.6502
	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
- C.	Full Name (Last, First, Middle Initial) Bill Geddings		Date of Receipt
	Mailing Address 75 Robinwood Drive		12 ^{D D} / Y Y Y Y 12 ^{D D} / 2009
	City <u>Clifton Park</u>	State Zip Code NY 12065	Transaction ID: SA11AI.6503
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation VP Health Services	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00]
ſ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	60.00
f	TOTAL This Period (last page this line number	only)	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and St for commercial purposes, other than using the	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 169 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions to colicit contributions from such committee 17
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Bill Geddings Mailing Address 75 Robinwood Drive	Date of Receipt	
	City	State Zip Code	Transaction ID: SA11AI.6504
	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
 B.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road		Date of Receipt
		07 02 2009	
	City	State Zip Code	Transaction ID: SA11AI.6519
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	
с.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road		07 ^{//} 16 ^{//} 2009
	City	State Zip Code	Transaction ID: SA11AI.6520
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
s	UBTOTAL of Receipts This Page (optional)		140.00
	OTAL This Period (last page this line number of		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page Statements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 51 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Roac	Date of Receipt	
		07 30 2009	
	City Rochester	State Zip Code NY 14610	Transaction ID: SA11AI.6521
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer MVP	Occupation VP, Medicare Products	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00	
в.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road	1	Date of Receipt
	City	0 8 1 3 2 0 0 9 Transaction ID: SA11AI.6522	
	Rochester	State Zip Code 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	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1020.00	
с.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Roac	1	Date of Receipt
			08 27 2009
	City Rochester	State Zip Code NY 14610	Transaction ID: SA11AI.6523 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer MVP	Occupation VP, Medicare Products	_
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1080.00	
	SUBTOTAL of Receipts This Page (optional) .	•	180.00
Ī	TOTAL This Period (last page this line number	r only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 169 (check only one) X X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may not be sold or used by any person the name and address of any political committee to s	13 14 15 16 17 a 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) Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Roa	09 / D D / Y Y Y Y Y 10 2009	
City	State Zip Code	Transaction ID: SA11AI.6524
Rochester FEC ID number of contributing federal political committee.	NY 14610	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 1140.00	
Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Roa	ad	09 / 24 / 2009
City	State Zip Code	Transaction ID: SA11AI.6525
Rochester FEC ID number of contributing federal political committee.	NY 14610	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation VP, Medicare Products	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	
Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
Mailing Address 165 Windemere Roa	ad	10 ^{//} 08 [/] 2009
City	State Zip Code	Transaction ID: SA11AI.6526
Rochester FEC ID number of contributing federal political committee.	NY 14610	Amount of Each Receipt this Period 60.00
Name of Employer MVP	Occupation VP, Medicare Products	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	
SUBTOTAL of Receipts This Page (optional)	·	180.00
TOTAL This Period (last page this line numb	er only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 53 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road	Date of Receipt		
	City Rochester	State NY	Zip Code 14610	Transaction ID: SA11AI.6527 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	_
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 1320.00]
В.	Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road			Date of Receipt
				11 05 2009
	City	State	Zip Code	Transaction ID: SA11AI.6528
	Rochester FEC ID number of contributing federal political committee.	C	14610	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation VP, Medi	n care Products	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 1380.00]
С.	Full Name (Last, First, Middle Initial) Patrick Glavey			Date of Receipt
	Mailing Address 165 Windemere Road			M M / D D / Y
	City Rochester	State NY	Zip Code 14610	Transaction ID: SA11AI.6529
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 60.00
	Name of Employer MVP	Occupation VP, Medi	n care Products	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 1440.00]
	SUBTOTAL of Receipts This Page (optional)			180.00
Ī	TOTAL This Period (last page this line number	only)		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 169 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	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.
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Patrick Glavey	Date of Receipt	
	Mailing Address 165 Windemere Road	1 2 / D D / Y Y Y Y 1 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.6530
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1500.00]
- В.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road	1 2 / D D / Y Y Y Y 1 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.6531
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.00	1
_			1
C.	Full Name (Last, First, Middle Initial) Patrick Glavey		Date of Receipt
	Mailing Address 165 Windemere Road	I	12 / D D / Y Y Y Y 12 31 2009
	City	State Zip Code	Transaction ID: SA11AI.6532
	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	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 1620.00]
Γ	SUBTOTAL of Receipts This Page (optional) .	······	180.00
	TOTAL This Period (last page this line number	r only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 169 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)		
	WVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Denise Gonick	Date of Receipt	
	Mailing Address 803 Via Marchella	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.6547
	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	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	840.00	
	Other (specify)		
В.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella	07 16 Y Y Y Y Y 2009	
	City	State Zip Code	Transaction ID: SA11AI.6548
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	900.00	
– C.	Full Name (Last, First, Middle Initial) Denise Gonick	I	Date of Receipt
	Mailing Address 803 Via Marchella	07 30 Y Y Y Y Y 099	
	City	State Zip Code	Transaction ID: SA11AI.6549
	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	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	960.00	
Γ	SUBTOTAL of Receipts This Page (optional)		180.00
╞	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 56 / 169 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Denise Gonick	Date of Receipt	
	Mailing Address 803 Via Marchella	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.6550
	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	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Other (specify) ▼	1020.00	
в.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella	M + M / D - D / Y - Y - Y Y	
	City	State Zip Code	Transaction ID: SA11AI.6551
	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	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	1080.00	
C.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		M + M / D - D / Y - Y - Y Y
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.6552 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	_
	Receipt For:	Aggregate Year-to-Date	
	Other (specify) ▼	1140.00	
	SUBTOTAL of Receipts This Page (optional)	······	180.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 57 / 169 (check only one)
		Detailed Summary Page	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	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
ĺ	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Denise Gonick	Date of Receipt	
	Mailing Address 803 Via Marchella	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.6553
	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	-
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	1200.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.6554
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1260.00	
с.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		M M / D D / Y Y Y Y 10 22 2009
	City	State Zip Code	Transaction ID: SA11AI.6555
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	1320.00	
	SUBTOTAL of Receipts This Page (optional)	I	180.00
	TOTAL This Period (last page this line number	-	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE $58 / 169$ (check only one)(check only one)X11a11b1314151617con for the purpose of soliciting contributions
,	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee t	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella	Date of Receipt	
		11 05 2009	
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.6556 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1380.00	
в.	Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella	<u> </u>	Date of Receipt
		11 19 2009	
	City <u>Schenectady</u>	State Zip Code NY 12303	Transaction ID: SA11AI.6557
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation EVP & Chief Legal Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	
С.	Full Name (Last, First, Middle Initial) Denise Gonick		Date of Receipt
	Mailing Address 803 Via Marchella		M M / D D / Y Y Y Y 12 / 03 / 2009
	City Schenectady	State Zip Code NY 12303	Transaction ID: SA11AI.6558 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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 1500.00	
	SUBTOTAL of Receipts This Page (optional)		180.00
	TOTAL This Period (last page this line number	only)	

SCHEDUI E /	(FFC Form 3X)			FOR LINE NUMBER: PAGE 59 / 169
	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copi	ed from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial pu	rposes, other than using the n	name and add	lress of any political committee to	solicit contributions from such committee.
	, ,			
MVP Health Ca	are Inc. Federal PAC			
Full Name (Last, I A. Denise Gonick	First, Middle Initial)			Date of Receipt
Mailing Address	803 Via Marchella			M M / D D / Y Y Y Y 12 17 2009
City		State	Zip Code	Transaction ID: SA11AI.6559
Schenectady		NY	12303	Amount of Each Receipt this Period
FEC ID number of federal political co		C		60.00
Name of Employe	er	Occupation	hief Legal Officer	_
Receipt For:			Year-to-Date V	
Primary	General	, iggi oguto		1
Other (spec	cify) 🔻	0 0	1560.00	
Full Name (Last, I B. Denise Gonick	First, Middle Initial)			Date of Receipt
	803 Via Marchella			12 31 2009
City		State	Zip Code	Transaction ID: SA11AI.6560
Schenectady		NY	12303	Amount of Each Receipt this Period
FEC ID number of federal political co		C		60.00
Name of Employe	er	Occupation	n hief Legal Officer	
Receipt For:		-	Year-to-Date V	
Primary	General	1.99.094.0		1
Other (spec	cify) ▼		1620.00	
Full Name (Last, Michael Greppo	First, Middle Initial)			Date of Receipt
Mailing Address	134 Overlook Lane			0 9 2 4 2 0 0 9
City		State	Zip Code	Transaction ID: SA11AI.6567
Duanesburg		NY	12056	Amount of Each Receipt this Period
FEC ID number of federal political co		C		10.00
Name of Employe MVP	er	Occupation IT Ombu		
Receipt For:		Aggregate	Year-to-Date V	
Primary Other (spec	General		210.00	
		0.0	· · · · · · · · · · ·	
SUBTOTAL of Rec	eipts This Page (optional)			130.00
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	IEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 169 (check only one) 11a X 11a 11b 13 14 15 16 17
or for	nformation copied from such Reports and St commercial purposes, other than using the AME OF COMMITTEE (In Full) VP Health Care Inc. Federal PAC	tatements may n name and addre	not be sold or used by any perso ses of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Mi Ma Cit Du FE fec	Ill Name (Last, First, Middle Initial) chael Greppo ailing Address 134 Overlook Lane ty uanesburg EC ID number of contributing deral political committee. ame of Employer VP sceipt For: Primary General Other (specify) ▼	State NY C Occupation IT Ombuds Aggregate Y	Zip Code 12056 sman 'ear-to-Date V 220.00	Date of Receipt
B. Mi Ma Cit Du FE fec	III Name (Last, First, Middle Initial) chael Greppo ailing Address 134 Overlook Lane ty uanesburg EC ID number of contributing deral political committee. ame of Employer VP ecceipt For: Primary General Other (specify) ▼	State NY C Occupation IT Ombuds Aggregate Y	Zip Code 12056 sman fear-to-Date 230.00	Date of Receipt
C. Mi Ma Cit Du FE fec	III Name (Last, First, Middle Initial) chael Greppo ailing Address 134 Overlook Lane ty uanesburg EC ID number of contributing deral political committee. ame of Employer VP ecceipt For: Primary General Other (specify) ▼	State NY C Occupation IT Ombuds Aggregate Y	Zip Code 12056 sman fear-to-Date 240.00	Date of Receipt M M / D D / Y
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A. Michae MVP A. Full Na Michae Mailing City Duan FEC II federal Name MVP Receip F City Duan FEC II federal Name MVP Receip f City Duan FEC II federal City Duan Receip f C City Duan FEC II federal City Duan FEC II federal City Duan FEC II federal City City City City City City City City	Amercial purposes, other than using the OF COMMITTEE (In Full) Health Care Inc. Federal PAC ame (Last, First, Middle Initial) el Greppo g Address 134 Overlook Lane desburg D number of contributing I political committee.	State NY C Occupation IT Ombud	Zip Code 12056	Date of Receipt M M 1 1 1 9 2 0 0 9 Transaction ID: SA11AI.6571 Amount of Each Receipt this Period 10.00 Transaction ID: SA11AI.6572 Amount of Each Receipt this Period 1 2 0 3 2 0 0 9 Transaction ID: SA11AI.6572 Amount of Each Receipt this Period 1 2 0 3 2 0 0 9 Transaction ID: SA11AI.6572 Amount of Each Receipt this Period 10.00
A. Full Na Mailing City Duan FEC III federal Name MVP Receip City Duan FEC III federal Name Michae Mailing City Duan FEC III federal Name MVP Receip City Duan FEC III federal Name Michae Mailing City Cit	ame (Last, First, Middle Initial) el Greppo g Address 134 Overlook Lane D number of contributing l political committee. of Employer ot For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) el Greppo g Address 134 Overlook Lane Hesburg D number of contributing l political committee.	NY C Occupation IT Ombud Aggregate State NY C	12056 Isman Year-to-Date ▼ 250.00 Zip Code	M M / D D / Y
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Duan FEC II federal Name MVP Receip Full Na Mailing City Duan FEC II federal Name MVP Receip C C Full Na Michae MVP Receip C C Full Na Michae MVP	D number of contributing I political committee. of Employer Dt For: Primary General Other (specify) ▼ ame (Last, First, Middle Initial) el Greppo g Address 134 Overlook Lane uesburg D number of contributing I political committee.	NY C Occupation IT Ombud Aggregate State NY C	12056 Isman Year-to-Date ▼ 250.00 Zip Code	Amount of Each Receipt this Period 10.00 Date of Receipt Date of Receipt 12 03 2009 Transaction ID: SA11AI.6572 Amount of Each Receipt this Period
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B. Full Na Michae Mailing City Duan FEC II federal Name MVP Receip C. Full Na Michae Mailing	Primary General Other (specify) ▼ ame (Last, First, Middle Initial) el Greppo g Address 134 Overlook Lane nesburg D number of contributing I political committee.	State NY C	250.00 Zip Code	M M M / D 0 / Y
B. Michae Mailing City Duan FEC II federal Name MVP Receip C. Full Na Michae Mailing	el Greppo g Address 134 Overlook Lane lesburg D number of contributing l political committee.	NY C	•	M M M / D 0 / Y
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Full Na Michae Mailing	of Employer	Occupation		
Full Na Michae Mailing		IT Ombud		
C. Michae Mailing	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 260.00	
Mailing	ame (Last, First, Middle Initial) el Greppo			Date of Receipt
Citv	g Address 134 Overlook Lane			1 2 1 7 2 0 0 9
	esburg	State NY	Zip Code 12056	Transaction ID: SA11AI.6573 Amount of Each Receipt this Period
FEC II	D number of contributing I political committee.	C		10.00
Name MVP	of Employer	Occupation IT Ombud		
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	7 0
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				1	FOR LINE NUMBER: PAGE 62/169	
	SCHEDULE A (FEC Form 3X)		Use separate so		(check only one)	
П	TEMIZED RECEIPTS		for each categor	,	\overline{X} 11a $\overline{11b}$ 11c $\overline{12}$	
			Detailed Summa	ary Page		1 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma name and ad	y not be sold or use dress of any politica	d by any perso l committee to	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)					
	MVP Health Care Inc. Federal PAC					
A.	Full Name (Last, First, Middle Initial) Michael Greppo				Date of Receipt	
	Mailing Address 134 Overlook Lane				12 / D D / Y Y Y Y 31 / 2009]
	City	State	Zip Code		Transaction ID: SA11AI.6574	
	Duanesburg	NY	12056		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			10.00	
	Name of Employer MVP	Occupatio IT Ombu				
	Receipt For:	Aggregate	e Year-to-Date 🔻		1	
	Primary General			000.00		
	Other (specify) v		0 0 0 0 0	280.00		
- В.	Full Name (Last, First, Middle Initial) Christopher Henchey				Date of Receipt	
	Mailing Address 144 Berry Road				M M M / D D / Y Y Y Y Y 07 02 2009]
	City	State	Zip Code		Transaction ID: SA11AI.6575	
	Loudon	NH	03307		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			80.00	
	Name of Employer MVP	Occupatio Vice Pre			-	
	Receipt For:	Aggregate	e Year-to-Date 🔻		-	
	Primary General			1120.00		
	Other (specify)	0 0	0 0 0 0 0	0 0 0		
с. –	Full Name (Last, First, Middle Initial) Christopher Henchey				Date of Receipt	
	Mailing Address 144 Berry Road				M M / D D / Y Y Y Y 07 16 2009]
	City	State	Zip Code		Transaction ID: SA11AI.6576	
	Loudon	NH	03307		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		0	80.00	
	Name of Employer MVP	Occupatio Vice Pre				
	Receipt For:	Aggregate	e Year-to-Date 🔻		7	
	Primary General Other (specify) ▼		· · · · · · · · ·	1200.00		
ſ	SUBTOTAL of Receipts This Page (optional)			····· •	170.00	
ľ	TOTAL This Period (last page this line number	only)		►		

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 63 / 169
		Use separate schedule(s) for each category of the	(check only one)
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		Dotaliou Currintary Pago	
A	Any information copied from such Reports and	Statements may not be sold or used by any perso	n for the purpose of soliciting contributions
c	or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
Γ	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		M M / D D / Y Y Y Y
			07 30 2009
	City	State Zip Code	Transaction ID: SA11AI.6577
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	rederar politicar committee.		
	Name of Employer MVP	Occupation	7
	MVP	Vice President	
	Receipt For:	Aggregate Year-to-Date	1
	Primary General		
	Other (specify) ▼	1280.00	
	Full Name (Last, First, Middle Initial)		
	Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		
	Maining Address 144 Derry Hoad		08 13 2009
	City	State Zip Code	Transaction ID: SA11AI.6578
	Loudon	NH 03307	
		111 03307	Amount of Each Receipt this Period
	FEC ID number of contributing	C	80.00
	federal political committee.		
	Name of Employer MVP	Occupation	
	MVP	Vice President	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	Aggregate real-to-Date +	
	Other (specify)	1360.00	
_	Full Name (Last, First, Middle Initial)	l	
	Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		
	THE DELLA DOLLAR		08 27 2009
	City	State Zip Code	Transaction ID: SA11AI.6579
	Loudon	NH 03307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	80.00
	rederar political committee.		
	Name of Employer MVP	Occupation	1
	MVP	Vice President	
	Receipt For:	Aggregate Year-to-Date V	-1
	neceiption.	, agrogato rour to Dato +	
	Primary General	1440.00	
		1440.00	
F	Primary General	1440.00	
	Primary General		240.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt
			09 10 2009
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.6580
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 80.00
	Name of Employer MVP	Occupation Vice President	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.00	_
	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt
	City	State Zip Code	09 24 2009
	Loudon	NH 03307	Transaction ID: SA11AI.6581 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		80.00
	Name of Employer MVP	Occupation Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
	Full Name (Last, First, Middle Initial) Christopher Henchey	1	Date of Receipt
	Mailing Address 144 Berry Road		M M / D D / Y Y Y Y 10 08 2009
	City	State Zip Code	Transaction ID: SA11AI.6582
	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	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00	
s	UBTOTAL of Receipts This Page (optional)	۱ 	240.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 169 (check only one)
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	> MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt
			10 22 2009
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.6583 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 ▼ 1760.00	
- В.	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road	1	Date of Receipt
			11 05 2009
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.6584 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 ▼ 1840.00]
с.	Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road		Date of Receipt
			11 19 2009
	City Loudon	State Zip Code NH 03307	Transaction ID: SA11AI.6585 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 ▼ 1920.00]
	SUBTOTAL of Receipts This Page (optional)	·	240.00
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	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 66 / 169 (check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
A C	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 pers	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) Christopher Henchey		Date of Receipt
	Mailing Address 144 Berry Road		1 2 / D D / Y Y Y Y 1 2 0 3 / 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6586
	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:	Aggregate Year-to-Date V	-1
	Other (specify)	2000.00	
. —	Full Name (Last, First, Middle Initial) Christopher Henchey	I	Date of Receipt
	Mailing Address 144 Berry Road		M M / D D / Y Y Y Y 12 17 2009
	City	State Zip Code	Transaction ID: SA11AI.6587
	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:	Aggregate Year-to-Date V	
	Other (specify)	2080.00	
_	Full Name (Last, First, Middle Initial) Christopher Henchey	1	Date of Receipt
	Mailing Address 144 Berry Road		12 31 YYYY 12009
	City	State Zip Code	Transaction ID: SA11AI.6588
	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 2160.00	
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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 67 / 169 (check only one) 11a 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	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.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
۷ A.	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		07 / D D / Y Y Y Y 02 / 2009
	City	State Zip Code	Transaction ID: SA11AI.6589
		NY 12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	
	Receipt For:	Aggregate Year-to-Date V]
	Primary General Other (specify) ▼	840.00	
- В.	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		07 / 16 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6590
	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	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	900.00	
- C.	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		07 / ^D D / <u>Y Y Y Y</u> 2009
	City	State Zip Code	Transaction ID: SA11AI.6591
		NY 12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	960.00	
ſ	SUBTOTAL of Receipts This Page (optional)	·	180.00
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	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may not be sold or used by name and address of any political cor	any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
	WVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6592
	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	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1020	0.00
В.	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		M M / D D Y
	City	State Zip Code	Transaction ID: SA11AI.6593
		NY 12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	108	0.00
С.	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
	Mailing Address 1 Loudon Heights		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6594
		NY 12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		60.00
	Name of Employer MVP	Occupation EVP, Sales and Marketing	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	114	0.00
	SUBTOTAL of Receipts This Page (optional)		180.00
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c	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 69 / 169
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0	ny information copied from such Reports and S r for commercial purposes, other than using the	name and address of any political commit	person for the purpose of soliciting contributions tee to solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)		
	WVP Health Care Inc. Federal PAC		
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	Mailing Address 1 Loudon Heights		M M / D D / Y Y Y Y 09 24 2009
	City	State Zip Code	Transaction ID: SA11AI.6595
	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	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General		
	Other (specify)	1200.00	,
_	Full Name (Last, First, Middle Initial) David Henderson	1	Date of Receipt
	Mailing Address 1 Loudon Heights		M M / D D / Y Y Y Y 10 08 2009
	City	State Zip Code	Transaction ID: SA11AI.6596
	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	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General	1260.00	
	Other (specify)		,
. —	Full Name (Last, First, Middle Initial) David Henderson		Date of Receipt
-	Mailing Address 1 Loudon Heights		
	City	State Zip Code	Transaction ID: SA11AI.6597
	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	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	1320.00	
	SUBTOTAL of Receipts This Page (optional)	I	180.00
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l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 169 (check only one) 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	Statements may n e name and addre	ot be sold or used by any persons 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			
A.	Full Name (Last, First, Middle Initial) David Henderson			Date of Receipt
	Mailing Address 1 Loudon Heights			1 1 / D D / Y Y Y Y 1 1 1 / D 5 / 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6598
		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	
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary General Other (specify) ▼		1380.00]
- В.	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 11 1 19 2009
	City	State	Zip Code	Transaction ID: SA11AI.6599
		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	
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Primary General Other (specify) ▼		1440.00]
- C.	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 12 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.6600
	Loudonville	NY	12211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer MVP	1 1	and Marketing	
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	Other (specify)		1500.00]
ſ	SUBTOTAL of Receipts This Page (optional)		·····	180.00
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NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) David Headerson Mailing Address 1 Loudon Heights City State Zip Code Louddonville NY 12211 Protection Cocupation EVP, Sales and Marketing Receipt For: Pointer (specify) 1560.00 B. But end Receipt This Period Sale Zip Code Mailing Address 1 Loudon Heights 1 2 2 0 0 9 City Sales and Marketing Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼ Transaction ID: SA11AL6602 David Herederson Mailing Address 1 2 2 0 0 9 Transaction ID: SA11AL6602 Mound of Each Receipt His Period 1 2 2 0 0 9 Transaction ID: SA11AL6602 Loudonvilla NY 1221 Transaction ID: SA11AL6602 Loudonvilla NY 1221 Transaction ID: SA11AL6602 Loudonvilla NY 1221 Transaction ID: SA11AL6602 Aggregate Year-to-Date Transaction ID: SA11AL6602 Amount of Each Receipt His Period FEC		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 person name and address of any political committee to	n for the purpose of soliciting contributions
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			420.00	
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	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 169
		for each category of the	(check only one)
		Detailed Summary Page	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	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
	NAME OF COMMITTEE (In Full)		
	WVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		07 16 Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6604
	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	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	450.00	
-	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		07 30 Y Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6605
	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	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	480.00	
с.	Full Name (Last, First, Middle Initial) Kim Ann Hess	I	Date of Receipt
	Mailing Address 237 Jacobs Road		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6606
	Macedon	NY 14502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP Service Corp.	Occupation VP Medicaid & Safety Net	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	510.00	
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	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 73 / 169 (check only one) X X 11a 13 14 15 16 17
	Any information copied from such Heports and or for commercial purposes, other than using th 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 a	n for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.6607
	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	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	540.00	
- В.	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road	09 / 10 / Y Y Y Y 2009	
	City	State Zip Code	Transaction ID: SA11AI.6608
	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	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date 570.00	
- С.	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		09 / 24 / Y Y Y 2009
	City Macedon	State Zip Code NY 14502	Transaction ID: SA11AI.6609
	FEC ID number of contributing federal political committee.	NY 14502	Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp.	Occupation VP Medicaid & Safety Net	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 600.00	
Г		1	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 74 / 169 (check only one) (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)	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions
	angle MVP Health Care Inc. Federal PAC		
А.	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road	M M / D D Y	
	City	State Zip Code	Transaction ID: SA11AI.6610
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	630.00	
	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		M M / D D / Y Y Y Y 10 / 22 / 2009
	City	State Zip Code	Transaction ID: SA11AI.6611
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		M M / D D / Y Y Y Y 111 05 2009
	City	State Zip Code	Transaction ID: SA11AI.6612
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
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		Detailed Summary Page	
	Any information copied from such Reports and Si or for commercial purposes, other than using the	atements 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.
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Kim Ann Hess	Date of Receipt	
	Mailing Address 237 Jacobs Road	M M / D D / Y Y Y Y 11 1 19 / 2009	
	City	State Zip Code	Transaction ID: SA11AI.6613
	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	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	720.00	1
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		M M / D D / Y Y Y Y 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.6614
	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	
	Receipt For:	Aggregate Year-to-Date V	
	Other (specify) ▼	750.00]
C.	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		12 17 2009
	City	State Zip Code	Transaction ID: SA11AI.6615
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	780.00	
			90.00
	SUBTOTAL of Receipts This Page (optional)	••••••	-
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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 76 / 169 (check only one) (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	Statements may not be sold or used by any perse e name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Kim Ann Hess		Date of Receipt
	Mailing Address 237 Jacobs Road		1 2 / D D / Y Y Y Y 1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6616
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	810.00	
- В.	Full Name (Last, First, Middle Initial) James R. Hopsicker		Date of Receipt
	Mailing Address 4209 Oakdale CT	07 / D D / Y Y Y Y 02009	
	City	State Zip Code	Transaction ID: SA11AI.7289
	Schenectady	NY 12303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer MVP Service Corp.	Occupation RPH	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
- C.	Full Name (Last, First, Middle Initial) Gary Hughes		Date of Receipt
	Mailing Address 1602 Bradley Street		10 08 YYYY 10 08 2009
	City	State Zip Code	Transaction ID: SA11AI.6638
	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 210.00	
Γ	SUBTOTAL of Receipts This Page (optional)	•	540.00
Ī	TOTAL This Period (last page this line number	only)	

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	Any information copied from such Reports and S or for commercial purposes, other than using the	statements may not be so e name and address of an	old or used by any persony 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			
∠ A.	Full Name (Last, First, Middle Initial) Gary Hughes			Date of Receipt
	Mailing Address 1602 Bradley Street			M M / D D / Y
	City	State Zip C		Transaction ID: SA11AI.6639
	Schenectady	NY 1230)9	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:	Aggregate Year-to-D	Date V	
	Primary General Other (specify) ▼		220.00]
- B.	Full Name (Last, First, Middle Initial) Gary Hughes			Date of Receipt
	Mailing Address 1602 Bradley Street	1 1 / D D / Y Y Y Y 1 1 1 / D 5 / 2 0 0 9		
	City	State Zip C	Code	Transaction ID: SA11AI.6640
	Schenectady	NY 1230)9	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-D	Pate ▼ 230.00]
- C.	Full Name (Last, First, Middle Initial) Gary Hughes			Date of Receipt
	Mailing Address 1602 Bradley Street			M M / D D / Y Y Y Y 111 19 2009
	City	State Zip C		Transaction ID: SA11AI.6641
	Schenectady	NY 1230	9	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-D	240.00]
ſ	SUBTOTAL of Receipts This Page (optional)	•		30.00
	TOTAL This Period (last page this line number	only)		

ç	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 78 / 169
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
1		Detailed Summary Page	X 11a 11b 11c 12
	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee t	13 14 15 16 17 son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	> MVP Health Care Inc. Federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) Gary Hughes		Date of Receipt
	Mailing Address 1602 Bradley Street	12 ^{//} 03 [/] 2009	
	City	State Zip Code	Transaction ID: SA11AI.6642
	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:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
_	Full Name (Last, First, Middle Initial)		Data of Dessirat
3.	Gary Hughes Mailing Address 1602 Bradley Street		Date of Receipt
	City	Transaction ID: SA11AI.6643	
	Schenectady	State Zip Code 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:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	260.00	
_).	Full Name (Last, First, Middle Initial) Gary Hughes		Date of Receipt
	Mailing Address 1602 Bradley Street		1 2 3 1 2 0 0 9
	City Schenectady	State Zip Code NY 12309	Transaction ID: SA11AI.6644 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	Aggregate Year-to-Date ▼	-
	Other (specify)	270.00	
Г		1	30.00

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 79 / 169
	ITEMIZED RECEIPTS	for each category of the	(check only one)
		Detailed Summary Page	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	itatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	WVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.6645
	<u>Fairport</u>	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	_
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	420.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		07 16 2009
	City	State Zip Code	Transaction ID: SA11AI.6647
	<u>Fairport</u>	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) Image: Content of the specify of the specific of the specif	450.00	
C.	Full Name (Last, First, Middle Initial) Kevin Husted	1	Date of Receipt
	Mailing Address 38 Fox Hill Drive		07 / 30 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6648
	<u>Fairport</u>	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	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	480.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	90.00
	SOBIOTAL OF RECEIPTS THIS Fage (optional)	••••••••••••••••••••••••••••••••••••••	
	TOTAL This Period (last page this line number	only)	

Ċ	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 80 / 169
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS	Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
	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	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.6649
	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	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	510.00	1
_	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6651
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	540.00	
– C.	Full Name (Last, First, Middle Initial) Kevin Husted	1	Date of Receipt
-	Mailing Address 38 Fox Hill Drive		0 9 1 0 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6652
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	570.00	
Γ			90.00
	SUBTOTAL of Receipts This Page (optional)	••••••	
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 169
		for each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	
	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	on for the purpose of soliciting contributions solicit contributions from such committee.
ľ	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive	M M / D D / Y	
	City	State Zip Code	Transaction ID: SA11AI.6653
	<u>Fairport</u>	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	
	Receipt For:	Aggregate Year-to-Date ▼	7
	Primary General Other (specify) ▼	600.00	
-	Full Name (Last, First, Middle Initial)		
В.	Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive	10 ^{//} 08 [/] 2009	
	City	State Zip Code	Transaction ID: SA11AI.6654
	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	7
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	630.00]
C.	Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive		10 ['] 22 ['] 2009
	City	State Zip Code	Transaction ID: SA11AI.6655
	<u>Fairport</u>	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	660.00]
[SUBTOTAL of Receipts This Page (optional)	۱ 	90.00
	TOTAL This Period (last page this line number		
l	terre inio i ched (dat page this inie humber	v.,,,,	

		1		
ę	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 169
I	TEMIZED RECEIPTS		for each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12
Г	Any information copied from such Reports and S	Statements	not be cold or used by service	13 14 15 16 17
	or for commercial purposes, other than using the	e name and add	rot be sold or used by any pers fress 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			
ے م	Full Name (Last, First, Middle Initial) Kevin Husted			Date of Receipt
٦.	Mailing Address 38 Fox Hill Drive			
				11 05 2009
	City	State	Zip Code	Transaction ID: SA11AI.6656
	Fairport	NY	14450	Amount of Each Receipt this Period
	FEC ID number of contributing			00.00
	federal political committee.	C		30.00
	Name of Employer	Occupatior		
	Name of Employer MVP		nation Technology	
	Receipt For:	1	Year-to-Date V	
	Primary General	ryyreyale		
	Other (specify) ▼		690.00	
	·			-
_	Full Name (Last, First, Middle Initial)	•		
3.	Kevin Husted			Date of Receipt
	Mailing Address 38 Fox Hill Drive			1 1 1 9 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6657
	<u>Fairport</u>	NY	14450	Amount of Each Receipt this Period
	· · ·			
	FEC ID number of contributing federal political committee.	C		30.00
	·			
	Name of Employer MVP	Occupation		
		- 1 · I	nation Technology	
	Receipt For: Primary General	Aggregate	Year-to-Date	_
	Other (specify)		720.00	
			0 0 0 0 0 0 0	-
_	Full Name (Last, First, Middle Initial)	1		
).	Kevin Husted			Date of Receipt
	Mailing Address 38 Fox Hill Drive			
	City	Stata	Zin Codo	
	City Fairport	State NY	Zip Code	Transaction ID: SA11AI.6658
			14450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	•			
	Name of Employer MVP	Occupation		
			nation Technology	_
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		750.00	
	Other (specify)	0.0		1
Г				
	CURTOTAL of Doppinto This Dopp (anti-			90.00
F	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Daried (last page this line surger	r only)		
	TOTAL This Period (last page this line number	i oniy)		

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 83 / 169
	· · ·	Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
г			13 14 15 16 17
	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	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
A.	, Full Name (Last, First, Middle Initial) Kevin Husted		Date of Receipt
	Mailing Address 38 Fox Hill Drive	M M / D D / Y Y Y </th	
	City	State Zip Code	Transaction ID: SA11AI.6659
	<u>Fairport</u>	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	-
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify)	780.00	
В.	Full Name (Last, First, Middle Initial) Kevin Husted	I	Date of Receipt
	Mailing Address 38 Fox Hill Drive		1 2 3 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6660
	<u>Fairport</u>	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	_
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General	810.00	
	Other (specify)		
с.	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
	Mailing Address 213 Hansen Ave		M M / D D / Y Y Y Y 09 25 2009
	City	State Zip Code	Transaction ID: SA11AI.7225
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	210.00	
	SUBTOTAL of Receipts This Page (optional)	I	90.00
	TOTAL This Period (last page this line number	Oriiy)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 84 / 169 (check only one) 11a 11b 11c 12
		Detailed Summary Page	
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any person a 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		
. Z	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
	Mailing Address 213 Hansen Ave		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.7226
	Albany FEC ID number of contributing	NY 12208	Amount of Each Receipt this Period
	federal political committee.		30.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	-
	Primary General	240.00	1
	Other (specify)		1
_	Full Name (Last, First, Middle Initial) Dawn Jablonski	·	Date of Receipt
	Mailing Address 213 Hansen Ave		M M / D D / Y Y Y Y
	City	State Zip Code	1 0 2 3 2 0 0 9 Transaction ID: SA11AI.7227
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify)	270.00]
	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
	Mailing Address 213 Hansen Ave		M M / D D / Y Y Y Y 1 1 06 2009
	City	State Zip Code	Transaction ID: SA11AI.7228
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	1
	Receipt For:	Aggregate Year-to-Date ▼	_
	Other (specify)	300.00]
Γ		L	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 85 / 169 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address 213 Hansen Ave		1 1 ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y
	City	State Zip Code	Transaction ID: SA11AI.7229
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date 🔻	-
	Other (specify) ▼	330.00]
в.	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
	Mailing Address 213 Hansen Ave		1 2 D D / Y Y Y Y 1 2 0 4 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.7230
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date	_
	Other (specify) ▼	360.00]
C.	Full Name (Last, First, Middle Initial) Dawn Jablonski		Date of Receipt
0.	Mailing Address 213 Hansen Ave		
	City	State Zip Code	Transaction ID: SA11AI.7231
	Albany	NY 12208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00]
	SUBTOTAL of Receipts This Page (optional)		90.00
	TOTAL This Period (last page this line number of		

SC	HEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 169
	· · · ·	for each category of the	(check only one)
116	MIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16
Any	information copied from such Reports and S	tatements may not be sold or used by any perso	on for the purpose of soliciting contributions
or for	r commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
N N	IAME OF COMMITTEE (In Full)		
1	AVP Health Care Inc. Federal PAC		
/ "			
	ull Name (Last, First, Middle Initial)		
_	Dawn Jablonski	Date of Receipt	
N	Aailing Address 213 Hansen Ave	12 31 Y Y Y Y 12 31	
C	Sity	State Zip Code	Transaction ID: SA11AI.7232
	Albany	NY 12208	
_		NY 12208	Amount of Each Receipt this Period
	EC ID number of contributing	С	30.00
te	ederal political committee.		
N	lame of Employer	Occupation	
R	Receipt For:	Aggregate Year-to-Date V	-1
	Primary General	Ayyreyale rearior Dale V	1
	Other (specify)	420.00	
l			1
F	ull Name (Last, First, Middle Initial)		
	Villiam John		Date of Receipt
	Aailing Address 5 Sonat Road		
	annig Addisse - 5 Sonat Hoad		10 08 2009
C	City	State Zip Code	Transaction ID: SA11AI.6668
	Clifton Park	NY 12065	Amount of Each Receipt this Period
		12000	Amount of Lach Receipt this Feriod
	EC ID number of contributing ederal political committee.	С	10.00
le	ederal political committee.		
N	lame of Employer /IVP	Occupation	
N	<i>IVP</i>	Administrative	
R	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		1
	Other (specify)	210.00	
L			1
F	ull Name (Last, First, Middle Initial)	1	
V	Villiam John		Date of Receipt
N	Aailing Address 5 Sonat Road		M M / D D / Y Y Y Y
_			10 22 2009
С	Sity	State Zip Code	Transaction ID: SA11AI.6669
<u>_</u>	Clifton Park	NY 12065	Amount of Each Receipt this Period
F	EC ID number of contributing		
	ederal political committee.	C	10.00
	•		
N	lame of Employer /VP	Occupation	
_		Administrative	_
R	Receipt For:	Aggregate Year-to-Date	
	Primary General	220.00	1
	Other (specify)	220.00	
			50.00

c	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 87 / 169				
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)				
1	I EMIZED RECEIPIS	Detailed Summary Page					
	Any information copied from such Reports and so for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)						
	> MVP Health Care Inc. Federal PAC						
A.	Full Name (Last, First, Middle Initial) William John		Date of Receipt				
	Mailing Address 5 Sonat Road		M M M / D D / Y Y Y Y Y 111 05 2009				
	City	State Zip Code	Transaction ID: SA11AI.6670				
	Clifton Park	NY 12065	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:	Aggregate Year-to-Date ▼					
	Primary General Other (specify) ▼	230.00					
– В.	Full Name (Last, First, Middle Initial) William John		Date of Receipt				
	Mailing Address 5 Sonat Road		M M / D D / Y Y Y Y 11 1 19 2009				
	City	State Zip Code	Transaction ID: SA11AI.6671				
	Clifton Park	NY 12065	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:	Aggregate Year-to-Date 🔻					
	Primary General Other (specify) ▼	240.00					
– C.	Full Name (Last, First, Middle Initial) William John	1	Date of Receipt				
	Mailing Address 5 Sonat Road		M M / D D / Y Y Y Y Y 12 / 03 / 2009				
	City Clifton Park	State Zip Code NY 12065	Transaction ID: SA11AI.6672 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		10.00				
	Name of Employer MVP	Occupation Administrative					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Γ	SUBTOTAL of Receipts This Page (optional) .	·	30.00				
F	TOTAL This Period (last page this line number						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 169 (check only one) X X 11a 11b 11c
A	for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee t	13 14 15 16 1 son 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) William John		Date of Receipt
	Mailing Address 5 Sonat Road		1 2 / D D / Y Y Y Y 1 2 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6673
	Clifton Park	NY 12065	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:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	260.00	
	Full Name (Last, First, Middle Initial) William John		Date of Receipt
	Mailing Address 5 Sonat Road		1 2 / D D / Y Y Y Y 1 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6674
	Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation Administrative	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	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 07 02 2009
	City Pittsford	State Zip Code NY 14534	Transaction ID: SA11AI.6675
			Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
	SUBTOTAL of Receipts This Page (optional) .		50.00

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 89 / 169			
	TEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)			
I		Detailed Summary Page	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	Statements may not be sold or used by any person a name and address of any political committee to s	n for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)					
	> MVP Health Care Inc. Federal PAC					
A.	Full Name (Last, First, Middle Initial) Dennis Kant		Date of Receipt			
	Mailing Address 11 White Briar		M M / D D / Y			
	City	State Zip Code	Transaction ID: SA11AI.6676			
	Pittsford	NY 14534	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	30.00			
	Name of Employer MVP	Occupation VP Finance	-			
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	450.00				
- В.	Full Name (Last, First, Middle Initial) Dennis Kant		Date of Receipt			
	Mailing Address 11 White Briar		07 / D D / Y Y Y Y 2009			
	City	State Zip Code	Transaction ID: SA11AI.6677			
	Pittsford	NY 14534	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	30.00			
	Name of Employer MVP	Occupation VP Finance				
	Receipt For:	Aggregate Year-to-Date				
	Primary General Other (specify) ▼	480.00				
- C.	Full Name (Last, First, Middle Initial) Dennis Kant	1	Date of Receipt			
	Mailing Address 11 White Briar		M M / D D / Y			
	City	State Zip Code	Transaction ID: SA11AI.6678			
	Pittsford	NY 14534	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	30.00			
	Name of Employer MVP	Occupation VP Finance				
	Receipt For:	Aggregate Year-to-Date V				
	Primary General Other (specify) ▼	510.00				
ſ	SUBTOTAL of Receipts This Page (optional)	L	90.00			
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	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS any information copied from such Reports and S	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 17
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) WVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar City Pittsford FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	State Zip Code NY 14534 C Occupation VP Finance Aggregate Year-to-Date	Date of Receipt
В.	Other (specify) ▼ Full Name (Last, First, Middle Initial) Dennis Kant Mailing Address 11 White Briar City Pittsford FEC ID number of contributing federal political committee.	State Zip Code NY 14534	Date of Receipt M M / D D / Y Y Y Y 0 9 / 10 / 2009 Transaction ID: SA11AI.6680 Amount of Each Receipt this Period 30.00
_	Name of Employer MVP Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation VP Finance Aggregate Year-to-Date ▼ 570.00	
С.	Dennis Kant Mailing Address 11 White Briar City Pittsford FEC ID number of contributing federal political committee. Name of Employer	State Zip Code NY 14534 C Occupation	Date of Receipt
_	Name of Employer MVP Receipt For: Primary General Other (specify) ▼	VP Finance Aggregate Year-to-Date ▼ 600.00]
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ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using th	Statements may not be sold or used by any perso be 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		
A.	Full Name (Last, First, Middle Initial) Dennis Kant		Date of Receipt
	Mailing Address 11 White Briar		10 [°] ⁰ ⁰ ⁰ ¹ ² ⁰ ¹
	City	State Zip Code	Transaction ID: SA11AI.6682
	Pittsford	NY 14534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP Finance	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Primary General Other (specify) The second seco	630.00	
- 3.	Full Name (Last, First, Middle Initial) Dennis Kant		Date of Receipt
	Mailing Address 11 White Briar		M M / D D / Y Y Y Y 10 22 2009
	City	State Zip Code	Transaction ID: SA11AI.6683
	Pittsford	NY 14534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
;.	Full Name (Last, First, Middle Initial) Dennis Kant		Date of Receipt
	Mailing Address 11 White Briar		M M / D D / Y Y Y Y 111 05 2009
	City	State Zip Code NY 14534	Transaction ID: SA11AI.6684
	Pittsford FEC ID number of contributing federal political committee.	NY 14534	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation VP Finance	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
Γ		·····	90.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 / 169
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	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma	y not be sold or used by any perso dress 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			
Α.	Full Name (Last, First, Middle Initial) Dennis Kant			Date of Receipt
	Mailing Address 11 White Briar			M M / D D / Y Y Y Y 11 1 19 2009
	City	State	Zip Code	Transaction ID: SA11AI.6685
	Pittsford	NY	14534	Amount of Each Receipt this Period
	FEC ID number of contributing		8 8 8 8 8	
	federal political committee.	C		30.00
	Name of Employer MVP	Occupation VP Finar		_
	Receipt For:		e Year-to-Date V	1
	Primary General	, iggi egai		1
	Other (specify)	0 0	720.00	
в.	Full Name (Last, First, Middle Initial) Dennis Kant			Date of Receipt
	Mailing Address 11 White Briar			
	City	State	Zip Code	Transaction ID: SA11AI.6686
	Pittsford	NY	14534	Amount of Each Receipt this Period
			14004	Amount of Each Receipt this Fehod
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio VP Finar		
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	Primary General	Aggregat		1
	Other (specify)	0 0	750.00	
C.	Full Name (Last, First, Middle Initial) Dennis Kant	1		Date of Receipt
	Mailing Address 11 White Briar			12 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.6687
	Pittsford	NY	14534	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer MVP	Occupatio VP Finar		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		780.00]
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	Any information copied from such Reports and St or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any press of any political committee	person t ee to so	for the plicit co	purpos ontributi	e of so ons fro	liciting m sucl	contrib 1 comm	utions nittee.	5
	MVP Health Care Inc. Federal PAC										
Α.	Full Name (Last, First, Middle Initial) Dennis Kant				Da	ate of Re	eceipt				
	Mailing Address 11 White Briar				1	1 M /	3	D / 1	2	0 [°] 0	
	City	State	Zip Code		Tra	nsactio	on ID:	SA11	AI.668	88	
	Pittsford	NY	14534		An	nount of	Each	Receip	t this P	eriod	
	FEC ID number of contributing federal political committee.	C								30.00)
	Name of Employer MVP	Occupation VP Finance									
	Receipt For:	, I	Year-to-Date V								
	Primary General										
	Other (specify)	0 0	810.00								
В.	Full Name (Last, First, Middle Initial) Barbara Leonard				Da	ate of Re	eceipt				
	Mailing Address 848 DeCamp Avenue					им/ I 0		D / 8	чү 2	0 [°] 0	
	City	State	Zip Code		Tra	ansactio	on ID:	SA11	AI.669	96	
	Schenectady	NY	12309		An	nount of	Each	Receip	t this P	eriod	
	FEC ID number of contributing federal political committee.	C					1			10.00)
	Name of Employer MVP	Occupation Administr									
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		210.00								
_	Full Name (Last, First, Middle Initial)			_							
C.	Barbara Leonard Mailing Address 848 DeCamp Avenue					ate of Re	•				
	Mailing Address 848 DeCamp Avenue					им/ 10	2	2	2	0 ^Y 0	9 [°]
	City	State	Zip Code		Tra	ansactio	on ID:	SA11.			
	Schenectady	NY	12309		An	nount of	Each	Receip	t this P	eriod	
	FEC ID number of contributing federal political committee.	C					1			10.00)
	Name of Employer MVP	Occupation Administr									
	Receipt For:	· ·	Year-to-Date V								
	Primary General										
	Other (specify)	0 0	220.00								
	SUBTOTAL of Receipts This Page (optional)			•					Ę	50.00)
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	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 94 / 169				
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	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	ay not be sold or used dress of any political	by any persor committee to s	n for the purpose of soliciting contributions				
ľ	NAME OF COMMITTEE (In Full)								
	> MVP Health Care Inc. Federal PAC								
A.	Full Name (Last, First, Middle Initial) Barbara Leonard				Date of Receipt				
	Mailing Address 848 DeCamp Avenue				M M / D D / Y				
	City	State	Zip Code		Transaction ID: SA11AI.6698				
	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 Adminis							
	Receipt For:	Aggregate	e Year-to-Date V						
	Primary General			230.00					
_	Other (specify)		0 0 0 0						
в.	Full Name (Last, First, Middle Initial) Barbara Leonard				Date of Receipt				
	Mailing Address 848 DeCamp Avenue				M M / D D / Y Y Y Y 1 1 1 19 2009				
	City	State	Zip Code		Transaction ID: SA11AI.6699				
	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 Adminis							
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼	0 0		240.00					
- C.	Full Name (Last, First, Middle Initial) Barbara Leonard				Date of Receipt				
	Mailing Address 848 DeCamp Avenue				M M / D D / Y Y Y Y 12 03 2009				
	City	State	Zip Code		Transaction ID: SA11AI.6700				
	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 Adminis			-				
	Receipt For:	Aggregate	e Year-to-Date 🔻						
	Primary General Other (specify) ▼			250.00					
[30.00				
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	SCHEDULE A (FEC Form 3X)	Use separate schedule(s) FOR LINE NUMBER: PAGE 95 / 169 (check only one)
	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	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	tatements may not be sold or used by any name and address of any political committ	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
∠ A.	Full Name (Last, First, Middle Initial) Barbara Leonard		Date of Receipt
	Mailing Address 848 DeCamp Avenue		1 2 / D D / Y Y Y Y 1 2 17 2009
	City	State Zip Code NY 12309	Transaction ID: SA11AI.6701
	Schenectady FEC ID number of contributing federal political committee.	NY 12309	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
- В.	Full Name (Last, First, Middle Initial) Barbara Leonard Mailing Address 848 DeCamp Avenue		Date of Receipt
	City Schenectady	State Zip Code NY 12309	Transaction ID: SA11AI.6702 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
- C.	Full Name (Last, First, Middle Initial) Joseph Lia	I	Date of Receipt
	Mailing Address 12 Sutherland Drive		07 02 2009
	City Highland Mills	State Zip Code NY 10930	Transaction ID: SA11AI.6703 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1	50.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
	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 p name and address of any political committe	erson for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
⊻ A.	Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		07 / D D / Y Y Y Y 16 / 2009
	City	State Zip Code	Transaction ID: SA11AI.6704
	Highland Mills	NY 10930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	450.00	
- В.	Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		07 / D D / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6705
	Highland Mills	NY 10930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) Image: Constraint of the second	480.00	
- c.	Full Name (Last, First, Middle Initial) Joseph Lia		Date of Receipt
	Mailing Address 12 Sutherland Drive		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6706
	Highland Mills	NY 10930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	·
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	Any information copied from such Reports and S or for commercial purposes, other than using the	atements may not be sold or name and address of any poli	used by any perso itical 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			
Α.	Full Name (Last, First, Middle Initial) Joseph Lia			Date of Receipt
	Mailing Address 12 Sutherland Drive			M M / D D / Y Y Y Y 08 27 2009
	City	State Zip Code		Transaction ID: SA11AI.6707
	Highland Mills	NY 10930		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Red	gion	
	Receipt For:	Aggregate Year-to-Date	.	
	Primary General Other (specify) ▼		540.00	
В.	Full Name (Last, First, Middle Initial) Joseph Lia			Date of Receipt
	Mailing Address 12 Sutherland Drive			M M / D D / Y
	City	State Zip Code		Transaction ID: SA11AI.6708
	Highland Mills	NY 10930		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1	30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Reg	gion	
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		570.00	
C.	Full Name (Last, First, Middle Initial) Joseph Lia			Date of Receipt
	Mailing Address 12 Sutherland Drive			M M / D D / Y Y Y Y 09 24 2009
	City	State Zip Code		Transaction ID: SA11AI.6709
	Highland Mills	NY 10930		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Reg	gion	
	Receipt For:	Aggregate Year-to-Date	▼	
	Primary General Other (specify) ▼		600.00	
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	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of a	ny political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive			Date of Receipt
	City	State Zip C) odo	
	Highland Mills	NY 1093		Transaction ID: SA11AI.6710 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation VP of Mid-Hudso	n Region	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Date ▼ 630.00]
в.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive			Date of Receipt
				10 22 2009
	City	State Zip C		Transaction ID: SA11AI.6712
	Highland Mills FEC ID number of contributing federal political committee.	NY 1093		Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP of Mid-Hudso	n Region	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Date ▼ 660.00]
C.	Full Name (Last, First, Middle Initial) Joseph Lia			Date of Receipt
	Mailing Address 12 Sutherland Drive			M M / D D / Y Y Y Y Y 1 1 0 5 2 0 0 9
	City Highland Mills	State Zip C NY 1093		Transaction ID: SA11AI.6713
	FEC ID number of contributing federal political committee.	NY 1093		Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP of Mid-Hudso	n Region	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-E	Date ▼ 690.00]
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	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and add	dress of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive			Date of Receipt
	City	State	Zip Code	1 1 1 9 2 0 0 9 Transaction ID: SA11AI.6714
	Highland Mills	NY	10930	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation VP of Mit	n d-Hudson Region	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 720.00]
В.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive			Date of Receipt
				12 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.6715
	Highland Mills FEC ID number of contributing federal political committee.	NY C	10930	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP of Mit	n d-Hudson Region	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 750.00]
с.	Full Name (Last, First, Middle Initial) Joseph Lia			Date of Receipt
	Mailing Address 12 Sutherland Drive			12 / 17 / Y Y Y Y 12 009
	City Highland Mills	State NY	Zip Code	Transaction ID: SA11AI.6716
	FEC ID number of contributing federal political committee.	C	10930	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP of Mit	n d-Hudson Region	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 780.00]
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	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and address of any political committee to	solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) Joseph Lia Mailing Address 12 Sutherland Drive		Date of Receipt
	0.1		12 31 2009
	City Highland Mills	State Zip Code NY 10930	Transaction ID: SA11AI.6717 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP of Mid-Hudson Region	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 810.00]
- В.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street		Date of Receipt
			07 02 2009
	City <u>Binghamton</u>	State Zip Code NY 13905	Transaction ID: SA11AI.6718
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 420.00]
- C.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth	1	Date of Receipt
	Mailing Address 33 Oak Street		M M / D D / Y Y Y Y Y 07 16 2009
	City	State Zip Code NY 13905	Transaction ID: SA11AI.6719
	Binghamton FEC ID number of contributing federal political committee.	NY 13905	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00]
ſ	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 101 / 169 (check only one) 11a X 11a 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	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City Binghamton FEC ID number of contributing federal political committee.	State Zip Code NY 13905	Date of Receipt M M M / D D / Y Y Y Y 0 7 / 3 0 / Y 2 0 0 9 Transaction ID: SA11AI.6720 Amount of Each Receipt this Period 30.00
	Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP Southern Aggregate Year-to-Date ▼ 480.00]
- B.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City Binghamton FEC ID number of contributing	State Zip Code NY 13905	Date of Receipt 0 8 Transaction ID: SA11AI.6721 Amount of Each Receipt this Period
	federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	C Occupation VP Southern Aggregate Year-to-Date ▼ 510.00	
-	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street City Binghamton FEC ID number of contributing	State Zip Code NY 13905	Date of Receipt M M / D D / Y Y Y Y Transaction ID: SA11AI.6722 Amount of Each Receipt this Period 30.00
	federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	Occupation VP Southern Aggregate Year-to-Date ▼ 540.00	
Γ	SUBTOTAL of Receipts This Page (optional)	L	90.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 169 (check only one) X 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 th NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any perso e name and address of any political committee to	solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street		Date of Receipt 0 9 / 1 0 / Y Y Y Y 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6723
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	570.00]
- В.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		0 9 / 2 4 2 0 0 9
	City	State Zip Code NY 13905	Transaction ID: SA11AI.6724
	Binghamton FEC ID number of contributing federal political committee.	NY 13905	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 600.00]
-).	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		M M / D D / Y Y Y Y 10 / 08 2009
	City	State Zip Code	Transaction ID: SA11AI.6725
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
Γ	SUBTOTAL of Receipts This Page (optional).		90.00

	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 103 / 169
	· · · · ·	Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Г	Any information conied from such Department of C		13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	platements may not be sold or used by any personant and address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	••	
	WVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		M M / D D / Y Y Y Y 10 22 2009
	City	State Zip Code	Transaction ID: SA11AI.6726
	Binghamton	NY 13905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	660.00	1
	Other (specify)		
- В.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		M M / D D / Y Y Y Y 111 05 2009
	City	State Zip Code	Transaction ID: SA11AI.6727
	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	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	690.00	
-	Full Name (Last, First, Middle Initial)		-
C.	Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		1 1 / D D / Y Y Y Y 1 1 1 2009
	City	State Zip Code	Transaction ID: SA11AI.6728
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	720.00	1
	Other (specify)		
ſ	SUBTOTAL of Receipts This Page (optional)	·	90.00
ŀ			-
	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 104 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 1
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	Statements may not be sold or used by any person e name and address of any political committee to a	n for the purpose of soliciting contributions solicit contributions from such committee.
Z A.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.6729
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
– B.	Full Name (Last, First, Middle Initial) Leonard Lindenmuth		Date of Receipt
	Mailing Address 33 Oak Street		M M / D D / Y Y Y Y 12 17 2009
	City	State Zip Code	Transaction ID: SA11AI.6730
	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	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	
-).	Full Name (Last, First, Middle Initial) Leonard Lindenmuth Mailing Address 33 Oak Street		Date of Receipt
			12 31 2009
	City	State Zip Code	Transaction ID: SA11AI.6731
	Binghamton FEC ID number of contributing federal political committee.	NY 13905	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation VP Southern	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 810.00	
Γ	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 105 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the in NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not be sold or used by any person name and address of any political committee to	In for the purpose of soliciting contributions solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane	State Zip Code	Date of Receipt M M / 02 / 2009 Transaction ID: SA11AI.6732
	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. Receipt For: Primary General Other (specify) ▼	Occupation VP Vermont Aggregate Year-to-Date ▼ 420.00	_ _]
В.	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
	City Charlotte FEC ID number of contributing federal political committee.	State Zip Code VT 05445	Transaction ID: SA11AI.6733 Amount of Each Receipt this Period 30.00
	Name of Employer MVP Service Corp. Receipt For: Primary General	Occupation VP Vermont Aggregate Year-to-Date ▼	
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	450.00	
C.	William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
	City Charlotte FEC ID number of contributing	State Zip Code VT 05445	Transaction ID: SA11AI.6734 Amount of Each Receipt this Period 30.00
	federal political committee. Name of Employer MVP Service Corp.	Occupation VP Vermont	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)	•	90.00
	TOTAL This Period (last page this line number of	only)	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X) Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 169 (check only one) X 11a 11b 11c 12
or for commercial purposes, other than us	and Statements may not be sold or used by any persor ing the name and address of any political committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P/	AC	
Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
Mailing Address 300 Partridge La	ne	08 ^{''} 13 ^{''} 2009
City	State Zip Code	Transaction ID: SA11AI.6735
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:	Aggregate Year-to-Date ▼	
Other (specify)	510.00	
Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
Mailing Address 300 Partridge La	ne	08 / 27 / Y Y Y Y 099 / 2009
City	State Zip Code	Transaction ID: SA11AI.6736
	VT 05445	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For: Primary General	Aggregate Year-to-Date 🔻	
Other (specify) ▼	540.00	
Full Name (Last, First, Middle Initial) William V. Little		Date of Receipt
Mailing Address 300 Partridge La	ne	09 / D D / Y Y Y Y 2009
City	State Zip Code	Transaction ID: SA11AI.6737
Charlotte	VT 05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 570.00	
SUBTOTAL of Receipts This Page (optic	onal)	90.00
TOTAL This Period (last page this line n	umber only)	

SCHEDULE A (FEC F ITEMIZED RECEIPTS	orm 3X) Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 107 / 169 (check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such or for commercial purposes, other	Reports and Statements may not be sold or used by any perso than using the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Fu MVP Health Care Inc. Fed	,	
Full Name (Last, First, Middle In William V. Little	nitial)	Date of Receipt
Mailing Address 300 Partric	dge Lane	M M / D D / Y
City	State Zip Code	Transaction ID: SA11AI.6745
Charlotte	VT 05445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Name of Employer MVP Service Corp.	Occupation VP Vermont	
Receipt For:	Aggregate Year-to-Date ▼	7
Other (specify) ▼	600.00]
Full Name (Last, First, Middle In William V. Little	nitial)	Date of Receipt
Mailing Address 300 Partric	dge Lane	M M / D D / Y Y Y Y 10 08 2009
City	State Zip Code	Transaction ID: SA11AI.6738
<u>Charlotte</u>	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:	Aggregate Year-to-Date	_
Primary General Other (specify) ▼	630.00]
Full Name (Last, First, Middle II William V. Little	nitial)	Date of Receipt
Mailing Address 300 Partric	dge Lane	M M / D D / Y Y Y Y 10 22 2009
City Charlotte	State Zip Code VT 05445	Transaction ID: SA11AI.6739
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 30.00
Name of Employer MVP Service Corp.	Occupation VP Vermont	-
Receipt For: Primary Genera Other (specify) ▼	Aggregate Year-to-Date ▼]
SUBTOTAL of Receipts This Pac	ge (optional)	90.00
	is line number only)	

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate sche for each category Detailed Summary	of the X 11a 11b 11c 12
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used be name and address of any political c	by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
Z	WVP Health Care Inc. Federal PAC		
۱.	William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.6740
	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 ▼	90.00
	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane	1	Date of Receipt
	Maining Address 300 Partilidge Larie		1 1 1 9 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.6741
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	20.00
. —	Full Name (Last, First, Middle Initial) William V. Little	1	Date of Receipt
	Mailing Address 300 Partridge Lane		M M M / D D / Y Y Y Y 12 03 2009
	City Charlotte	State Zip Code VT 05445	Transaction ID: SA11AI.6742
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	50.00
Γ	SUBTOTAL of Receipts This Page (optional)		90.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 169 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 110 110 110 110
	or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
		Otata Zia Ocada	12 17 2009
	City Charlotte	State Zip Code VT 05445	Transaction ID: SA11AI.6743 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP Service Corp.	Occupation VP Vermont	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 780.00]
- В.	Full Name (Last, First, Middle Initial) William V. Little Mailing Address 300 Partridge Lane		Date of Receipt
			12 31 2009
	City	State Zip Code	Transaction ID: SA11AI.6744
	<u>Charlotte</u> 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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 810.00]
- C.	Full Name (Last, First, Middle Initial) Mr. Matthew J. Mackinnon	1	Date of Receipt
	Mailing Address 1330 Park Avenue		M M / D D / Y Y Y Y 10 30 2009
	City	State Zip Code	Transaction ID: SA11AI.6761
	Rochester FEC ID number of contributing federal political committee.	NY 14610	Amount of Each Receipt this Period
	Name of Employer MVP Service Corp.	Occupation VP of Network Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 500.00]
[1	560.00

				FOR LINE NUMBER: PAGE 110 / 169
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
_			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	WVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.			Date of Receipt
	Mailing Address 19 Crimson Way			M M / D D / Y Y Y Y 07 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.6762
	Webster	NY	14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupatio	n erwriting and Analysis	_
	Receipt For:		e Year-to-Date V	
	Primary General	, iggi ogaio		7
	Other (specify)	0 0	600.00	
- В.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.			Date of Receipt
	Mailing Address 19 Crimson Way			M M / D D / Y Y Y Y 07 16 2009
	City	State	Zip Code	Transaction ID: SA11AI.6763
	Webster	NY	14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupatio VP, Unde	n erwriting and Analysis	_
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼		640.00	
- C.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.	I		Date of Receipt
0.	Mailing Address 19 Crimson Way			07 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.6765
	Webster	NY	14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupatio VP, Unde	n erwriting and Analysis	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	680.00	
ſ	SUBTOTAL of Receipts This Page (optional)	1		120.00
┝	CODICIAL OF RECEIPTS THIS Faye (optional)			
	TOTAL This Period (last page this line number	r only)		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 169 (check only one) Image: Check only one in the image: Check only one in the image: Check on the imag
	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	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A .	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		08 / D D / Y Y Y Y 08 / 13 / 2009
	City	State Zip Code	Transaction ID: SA11AI.6766
	Webster	NY 14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	720.00	
B.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		08 / 27 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6767
	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:	Aggregate Year-to-Date V	-
	Primary General Other (specify) ▼	760.00	
C.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		M · M / D · D / Y · Y · Y · Y Y 0 9 1 0 2 0 0 9 2 2 1 <t< th=""></t<>
	City	State Zip Code	Transaction ID: SA11AI.6768
	Webster FEC ID number of contributing federal political committee.	NY 14580	Amount of Each Receipt this Period 40.00
	Name of Employer	Occupation	
		VP, Underwriting and Analysis	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
	SUBTOTAL of Receipts This Page (optional)	I	120.00
	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	FOR LINE NUMBER: PAGE 112 / 169 (check only one) X 11a 11b 11c 12
		Detailed Summary Page	
	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 perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6769
	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:	Aggregate Year-to-Date ▼	1
	Primary General Other (specify) ▼	840.00	
– В.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.	I	Date of Receipt
	Mailing Address 19 Crimson Way		M M / D D / Y Y Y Y 10 / 08 / 2009
	City	State Zip Code	Transaction ID: SA11AI.6770
	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:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	880.00	
– C.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		M M / D D / Y Y Y Y 10 22 2009
	City	State Zip Code	Transaction ID: SA11AI.6771
	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:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	920.00	
ſ	SUBTOTAL of Receipts This Page (optional)	L	120.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 113 / 169 (check only one) 11a 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)	tatements may not be sold or used by any person 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		
Α.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		
	City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.6772 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 ▼ 960.00	
B.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr. Mailing Address 19 Crimson Way		Date of Receipt
	City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.6773 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP, Underwriting and Analysis	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.		Date of Receipt
	Mailing Address 19 Crimson Way		12 03 Y Y Y Y Y 12 03 2009
	City Webster	State Zip Code NY 14580	Transaction ID: SA11AI.6774
	FEC ID number of contributing federal political committee.		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
	TOTAL This Period (last page this line number	only)	

c]		FOR LINE NUMBER: PAGE 114 / 169
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	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	Statements may e name and add	not be sold or used by any perso lress 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			
Α.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.			Date of Receipt
	Mailing Address 19 Crimson Way			12 ^{//} 17 [/] 2009
	City	State	Zip Code	Transaction ID: SA11AI.6775
	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		
	Receipt For:		erwriting and Analysis	
	Primary General	Aggregate	Year-to-Date	1
	Other (specify)	0 0	1080.00]
В.	Full Name (Last, First, Middle Initial) Carl Maleri, Jr.			Date of Receipt
	Mailing Address 19 Crimson Way			M M / D D / Y Y Y Y 12 31 2009
	City	State	Zip Code	Transaction ID: SA11AI.6776
	Webster	NY	14580	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer MVP	Occupation VP, Unde	n erwriting and Analysis	_
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼		1120.00]
– c.	Full Name (Last, First, Middle Initial) Dr. Anthony J. Mangiapane			Date of Receipt
0.	Mailing Address 8 Outlook Drive			M M / D D / Y Y Y Y
				09 01 2009
	City	State	Zip Code	Transaction ID: SA11AI.6778
	Mechanicville	NY	12118	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MVP Service Corp.	Occupation Physician		1
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		500.00	1
	Other (specify)		500.00	1
	SUBTOTAL of Receipts This Page (optional)			580.00
F	TOTAL This Period (last page this line number			

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 115 / 169
		for each category of the	(check only one)
		Detailed Summary Page	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	tatements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
ľ	NAME OF COMMITTEE (In Full)		
	WVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		07 02 YYYYY 2009
	City	State Zip Code	Transaction ID: SA11AI.6793
	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	_
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General	560.00	
	Other (specify)		
в.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		07 / ^D D / <u>Y Y Y Y</u> 2009
	City	State Zip Code	Transaction ID: SA11AI.6794
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	600.00	
с.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		07 30 Y Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6795
	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	
	Receipt For:	Aggregate Year-to-Date 🔻]
	Primary General Other (specify) ▼	640.00	
[120.00
ļ	SUBTOTAL of Receipts This Page (optional)	····· •	
	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 116 / 169 (check only one)
	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		
Α.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6796
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	680.00	
- В.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		M M / D D / Y Y Y Y Y
	City	State Zip Code	Transaction ID: SA11AI.6797
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For:	Aggregate Year-to-Date	
	Primary General Other (specify) ▼	720.00	
- C.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6798
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify) ▼	760.00	
	SUBTOTAL of Receipts This Page (optional)	······	120.00
	TOTAL This Period (last page this line number		

		1	FOR LINE NUMBER: PAGE 117/169
	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 117 / 169 (check only one)
	ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Fage	13 14 15 16 17
	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 persor name and address of any political committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
ľ	NAME OF COMMITTEE (In Full)		
	> MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.6799
	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	
	Receipt For:	Aggregate Year-to-Date V	1
	Primary General		
	Other (specify) ▼	800.00	
в.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		M M / D D / Y Y Y Y 10 08 2009
	City	State Zip Code	Transaction ID: SA11AI.6800
	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	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify) ▼	840.00	
-	Full Name (Last, First, Middle Initial)		
C.	Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.6801
	Rochester	NY 14626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		40.00
	Name of Employer MVP	Occupation VP, Business Excellence	1
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	880.00	
[SUBTOTAL of Receipts This Page (optional)	۱ 	120.00
ŀ	TOTAL This Period (last page this line number		
L		- ,,	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions for more than the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
			11 05 2009
	City Rochester	State Zip Code NY 14626	Transaction ID: SA11AI.6802
	FEC ID number of contributing federal political committee.	NY 14626	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00]
В.	Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive		Date of Receipt
			11 19 2009
	City	State Zip Code	Transaction ID: SA11AI.6803
	Rochester FEC ID number of contributing federal political committee.	NY 14626	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 960.00]
- С.	Full Name (Last, First, Middle Initial) Laurie Metheny		Date of Receipt
	Mailing Address 21 Joellen Drive		M M / D D / Y Y Y Y Y 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.6804
	Rochester FEC ID number of contributing federal political committee.	NY 14626	Amount of Each Receipt this Period 40.00
	Name of Employer MVP	Occupation VP, Business Excellence	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00]
	SUBTOTAL of Receipts This Page (optional)	······	120.00
Ī	TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 119 / 169 (check only one)
	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements may not be sold or used by any person he name and address of any political committee to s	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) Laurie Metheny		Date of Receipt
Mailing Address 21 Joellen Drive		M M / D D / Y Y Y Y 12 17 2009
City	State Zip Code	Transaction ID: SA11AI.6805
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]
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify)	1040.00	
Full Name (Last, First, Middle Initial) Laurie Metheny	1	Date of Receipt
Mailing Address 21 Joellen Drive		12 31 Y Y Y Y Y 12 31 2009
City	State Zip Code	Transaction ID: SA11AI.6806
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]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	
Full Name (Last, First, Middle Initial) Donna Michele	I	Date of Receipt
Mailing Address 24 Kraus Road		10 08 2009
City Albany	State Zip Code NY 12203	Transaction ID: SA11AI.6814 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		10.00
Name of Employer MVP	Occupation Administrative	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date 210.00	
SUBTOTAL of Receipts This Page (optional)	·	90.00
TOTAL This Period (last page this line numb		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
or f	y information copied from such Reports and St or commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
A.	Full Name (Last, First, Middle Initial) Donna Michele Mailing Address 24 Kraus Road City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12203 C Occupation Administrative Aggregate Year-to-Date 220.00	Date of Receipt
Β.	Full Name (Last, First, Middle Initial) Donna Michele Mailing Address 24 Kraus Road City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 12203 C Occupation Administrative Aggregate Year-to-Date 230.00	Date of Receipt
С.	Full Name (Last, First, Middle Initial) Donna Michele Mailing Address 24 Kraus Road City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12203 C Occupation Administrative Aggregate Year-to-Date 240.00	Date of Receipt
	JBTOTAL 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 121 / 169 (check only one) X X 11a 11b 11c
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold or used by any perso name and address of any political committee to	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.
	WVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Donna Michele		Date of Receipt
	Mailing Address 24 Kraus Road		1 2 / D D / Y Y Y Y 1 2 0 0 9
	City Albany	State Zip Code NY 12203	Transaction ID: SA11AI.6818
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation Administrative	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Donna Michele Mailing Address 24 Kraus Road		Date of Receipt
			12 17 2009
	City Albany	State Zip Code NY 12203	Transaction ID: SA11AI.6819 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
С.	Full Name (Last, First, Middle Initial) Donna Michele		Date of Receipt
	Mailing Address 24 Kraus Road		1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 9
	City	State Zip Code NY 12203	Transaction ID: SA11AI.6820
	Albany FEC ID number of contributing federal political committee.	NY 12203	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
	SUBTOTAL of Receipts This Page (optional)	·····	30.00
	TOTAL This Period (last page this line number	only)	

	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 122 / 169
	ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S			on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and addre	ess of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			M M / D D / Y Y Y Y 07 02 2009
	City	State	Zip Code	Transaction ID: SA11AI.6823
	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		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	7
	Primary General Other (specify) ▼		700.00	1
		0 0 0	0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) James Morrill	•		Date of Receipt
	Mailing Address 54 Henderson Road			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.6824
	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		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	
	Other (specify)		750.00	1
	Other (specify)		0 0 0 0 0 0]
C.	Full Name (Last, First, Middle Initial) James Morrill	1		Date of Receipt
	Mailing Address 54 Henderson Road			07 30 2009
	City	State	Zip Code	Transaction ID: SA11AI.6825
	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		
	Receipt For:	Aggregate Y	ear-to-Date 🔻	_
	Other (specify) ▼		800.00]
	SUBTOTAL of Receipts This Page (optional)	I	·····	150.00
	TOTAL This Period (last page this line number	only)		

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	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 123 / 169
	· · · · ·		Use separate schedule(s) for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotaliou Caliniary Pago	
[Any information copied from such Reports and S	Statements ma	y not be sold or used by any per	son for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and ad	dress of any political committee	to solicit contributions from such committee.
1				
	> MVP Health Care Inc. Federal PAC			
	Full Name (Last, First, Middle Initial)			Date of Descipt
Α.	James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			08 13 2009
	City	State	Zip Code	Transaction ID: SA11AI.6826
	Glenmont	NY	12077	
			12077	Amount of Each Receipt this Period
	FEC ID number of contributing	C		50.00
	federal political committee.			
	Name of Employer	Occupatio	ממ	
	Name of Employer MVP	EVP, HF		
	Receipt For:	1 1		
	Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		850.00	
-	Full Name (Least First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
Ь.	Mailing Address 54 Henderson Road			
	Maining Address 54 Heriderson Road			08 27 2009
	City	State	Zip Code	Transaction ID: SA11AI.6827
	Glenmont	NY		
	Glenmont		12077	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			
	Name of Employer	Occupatio	ממ	
	Name of Employer MVP	EVP, HF		
	Receipt For:	1 1		
	Primary General	Aggregate	e Year-to-Date	
	Other (specify)		900.00	
			0 0 0 0 0 0 0	
	Full Name (Least First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
0.	Mailing Address 54 Henderson Road			
	Maining Address 54 Henderson Hoad			09 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.6828
	Glenmont	NY	12077	Amount of Each Receipt this Period
			12017	
	FEC ID number of contributing federal political committee.	С		50.00
	rederar political committee.			
	Name of Employer MVP	Occupatio	on	
	MVP	EVP, HF	3	
	Receipt For:	-	e Year-to-Date 🔻	
	Primary General	7 iggi ogu		
	Other (specify)		950.00	
	() 	0.0		
1		1		
	CURTOTAL of Descipte This Desc (asther th			150.00
	SUBTOTAL of Receipts This Page (optional)			
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedul for each category of th	
		Detailed Summary Pa	ge X 11a 11b 11c 12 13 14 15 16 1
4 C	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by a name and address of any political com	ny person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
. Z	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		M M / D D / Y Y Y Y 09 24 2009
	City	State Zip Code	Transaction ID: SA11AI.6829
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	1000.	00
	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		10 ² 08 ³ Y Y Y Y 102009
	City	State Zip Code	Transaction ID: SA11AI.6830
	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	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Other (specify)	1050.	00
	Full Name (Last, First, Middle Initial) James Morrill		Date of Receipt
	Mailing Address 54 Henderson Road		10 ^{DD} /YYYY 22009
	City	State Zip Code	Transaction ID: SA11AI.6831
	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	
	Receipt For:	Aggregate Year-to-Date ▼	
	Other (specify)	1100.	00
	SUBTOTAL of Receipts This Page (optional)	I	150.00

ITEM	EDULE A (FEC Form 3X) IZED RECEIPTS	atements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 125 / 169 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 12 13 14 15 16 17
	ommercial purposes, other than using the r /IE OF COMMITTEE (In Full) P Health Care Inc. Federal PAC	name and add	Iress of any political committee to	o solicit contributions from such committee.
A. Jam	Name (Last, First, Middle Initial) es Morrill ing Address 54 Henderson Road			Date of Receipt
City	nmont	State NY	Zip Code 12077	11 05 2009 Transaction ID: SA11AI.6832 Amount of Each Receipt this Period
FEC	D number of contributing ral political committee.	C		50.00
	e of Employer eipt For: Primary General Other (specify) ▼	Occupation EVP, HR Aggregate	Year-to-Date ▼ 1150.00	1
B. Jam	Name (Last, First, Middle Initial) es Morrill ing Address 54 Henderson Road	0 0	0 0 0 0 0 0 0 0 0	Date of Receipt
FEC	nmont D number of contributing ral political committee.	State NY	Zip Code 12077	1 1 1 9 2 0 9 Transaction ID: SA11AI.6833 Amount of Each Receipt this Period 50.00
	pe of Employer	Occupation EVP, HR	1	
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00]
C. Jam	Name (Last, First, Middle Initial) es Morrill ing Address 54 Henderson Road			Date of Receipt
City <u>Gle</u>	nmont	State NY	Zip Code 12077	Transaction ID: SA11AI.6834 Amount of Each Receipt this Period
	ID number of contributing ral political committee.	C		50.00
	e of Employer	Occupation EVP, HR		
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1250.00]
SUBT	T OTAL of Receipts This Page (optional)			150.00
тота	L This Period (last page this line number o	only)	· · · · · · · · · · · · · · · · · · ·	

		1		
	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 126 / 169 (check only one)
	ITEMIZED RECEIPTS		for each category of the	
			Detailed Summary Page	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	Statements may e name and add	v not be sold or used by any per dress of any political committee	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	MVP Health Care Inc. Federal PAC			
A.	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			1 2 / 1 7 / Y Y Y 1 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6835
	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		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		1300.00	
	Other (specify)	0 0	1300.00	
в.	Full Name (Last, First, Middle Initial) James Morrill			Date of Receipt
	Mailing Address 54 Henderson Road			1 2 / D D / Y Y Y Y 1 2 3 1 / 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.6836
	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		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		1350.00	
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Richard Odorizzi			Date of Receipt
	Mailing Address 71 East Claremond Dr	rive		M M / D D Y
	City	State	Zip Code	Transaction ID: SA11AI.6858
	Voorheesville	NY	12186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer MVP	Occupation Director of	n of Finance	
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)	· · ·	210.00	
	SUBTOTAL of Receipts This Page (optional)			▶ 110.00
	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 169 (check only one) X X 11a 11b 11c
A	ny information copied from such Reports and for commercial purposes, other than using th	Statements ma ne name and ad	y not be sold or used by any pers	13 14 15 16 17 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) Richard Odorizzi	Date of Receipt		
	Mailing Address 71 East Claremond D	10 22 2009		
	City	State	Zip Code	Transaction ID: SA11AI.6859
	Voorheesville	NY	12186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer MVP	Occupation Director	on of Finance	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		220.00	
— В.	Full Name (Last, First, Middle Initial) Richard Odorizzi			Date of Receipt
	Mailing Address 71 East Claremond D	Drive		1 1 / D D / Y Y Y Y 1 2009
	City	State	Zip Code	Transaction ID: SA11AI.6860
	Voorheesville	NY	12186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer MVP	Occupatio Director	n of Finance	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0.0	230.00	
— C.	Full Name (Last, First, Middle Initial) Richard Odorizzi			Date of Receipt
	Mailing Address 71 East Claremond D	Drive		M M / D D / Y Y Y Y 111 19 2009
	City	State	Zip Code	Transaction ID: SA11AI.6861
	Voorheesville	NY	12186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer MVP		of Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00	
6	SUBTOTAL of Receipts This Page (optional) .			30.00
	OTAL This Period (last page this line numbe			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and S	Statements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:PAGE 128 / 169(check only one)(check only one) X 11a11b11c1314151617on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	e name and ad	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Dr	rive		Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.6862
	Voorheesville	NY	12186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer MVP	Occupatio Director	on of Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 250.00]
в.	Full Name (Last, First, Middle Initial) Richard Odorizzi Mailing Address 71 East Claremond Dr			Date of Receipt
	Maining Address 71 East Glaremond Di	IVE		12 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.6863
	Voorheesville	NY	12186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer MVP	Occupation Director	n of Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 🔻 260.00]
С.	Full Name (Last, First, Middle Initial) Richard Odorizzi			Date of Receipt
	Mailing Address 71 East Claremond Dr			M M / D D / Y Y Y Y 12 31 2009
	City	State	Zip Code	Transaction ID: SA11AI.6864
	Voorheesville FEC ID number of contributing federal political committee.	NY C	12186	Amount of Each Receipt this Period
	Name of Employer MVP	Occupation Director	on of Finance	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 270.00]
	SUBTOTAL of Receipts This Page (optional)	·		30.00
	TOTAL This Period (last page this line number	only)	I	

	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 129 / 169 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
A c	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 a 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		
∠ A.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		07 02 YYYYY 2009
	City	State Zip Code	Transaction ID: SA11AI.6865
	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:	Aggregate Year-to-Date V	
	Other (specify)	420.00	
— В.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		07 / D D / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6866
	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:	Aggregate Year-to-Date	
	Other (specify)	450.00	
– C.	Full Name (Last, First, Middle Initial) David Orlando	1	Date of Receipt
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y 07 30 2009
	City	State Zip Code	Transaction ID: SA11AI.6867
	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 ▼ 480.00	
	SUBTOTAL of Receipts This Page (optional)	۱	90.00
	TOTAL This Period (last page this line number	-	

c	SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 130 / 169
	. ,	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
	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	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	> MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		08 / D D / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6868
	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:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	510.00	
– В.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · 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.6869
	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:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	540.00	
– C.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		09 / 10 / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6870
	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:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	570.00	
Γ	SUBTOTAL of Receipts This Page (optional)	I	90.00
F	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 131 / 169 (check only one) X X 11a 11b 11c 12 10
ہ م	Any information copied from such Reports and S r for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	13 14 15 16 n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
. Z	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y 09 24 2009
	City	State Zip Code	Transaction ID: SA11AI.6871
	Albany FEC ID number of contributing federal political committee.	NY 12205	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation Corp VP of Operations	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	Full Name (Last, First, Middle Initial) David Orlando Mailing Address 3 Clare Castle		Date of Receipt
		10 08 2009	
	City Albany	State Zip Code NY 12205	Transaction ID: SA11AI.6872 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Corp VP of Operations	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
_	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y 10 22 2009
	City Albany	State Zip Code NY 12205	Transaction ID: SA11AI.6873 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 ▼ 660.00	
Γ	SUBTOTAL of Receipts This Page (optional)	·	90.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 132 / 169 (check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
	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 perso e name and address of any political committee to	n for the purpose of soliciting contributions
ľ	NAME OF COMMITTEE (In Full)		
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y 111 05 2009
	City	State Zip Code	Transaction ID: SA11AI.6874
	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	7
	Receipt For:	Corp VP of Operations Aggregate Year-to-Date	-
	Primary General		1
	Other (specify)	690.00	
в.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y 111 19 2009
	City	State Zip Code	Transaction ID: SA11AI.6875
	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:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	720.00]
с.	Full Name (Last, First, Middle Initial) David Orlando		Date of Receipt
	Mailing Address 3 Clare Castle		M M / D D / Y Y Y Y 12 03 2009
	City	State Zip Code	Transaction ID: SA11AI.6876
	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:	Aggregate Year-to-Date ▼	
	 Primary General Other (specify) ▼ 	750.00	
	SUBTOTAL of Receipts This Page (optional)		90.00
ŀ	TOTAL This Period (last page this line number		
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		FOR LINE NUMBER: PAGE 133/169	
SCHEDULE A (FEC For		(check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a \square 11b \square 11c \square 12	
		13 14 15 16 1	
Any information copied from such Rep or for commercial purposes, other that	ports and Statements may not be sold or used by any perso n using the 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. Federa	al PAC		
Full Name (Last, First, Middle Initia David Orlando	(Js	Date of Receipt	
Mailing Address 3 Clare Castle	e	M M / D D / Y Y Y Y Y 12 17 2009	
City	State Zip Code	Transaction ID: SA11AI.6877	
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:	Aggregate Year-to-Date V	-	
Primary General			
Other (specify)	780.00		
Full Name (Last, First, Middle Initia David Orlando	al)	Date of Receipt	
Mailing Address 3 Clare Castle	e	M M / D D / Y Y Y Y 12 31 2009	
City	City State Zip Code		
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:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	810.00		
Full Name (Last, First, Middle Initia Ellen Runyon	al)	Date of Receipt	
Mailing Address 625 State Str	eet	M M / D D / Y Y Y Y 07 02 2009	
City	State Zip Code	Transaction ID: SA11AI.6962	
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	1	
MVP		-	
Receipt For:	Aggregate Year-to-Date ▼		
	Aggregate Year-to-Date 280.00		
Receipt For: Primary General		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 134 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
N	or for commercial purposes, other than using th	Statements may not be sold or used by any perso e 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		
A .	Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
	Mailing Address 625 State Street		07 / 16 / Y Y Y Y 099
	City	State Zip Code	Transaction ID: SA11AI.6963
	<u>Schenectady</u>	NY 12047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer MVP	Occupation VP of E Business	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	300.00	
- B.	Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
	Mailing Address 625 State Street	M M / D D / Y	
	City	Transaction ID: SA11AI.6964	
	Schenectady	NY 12047	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		20.00
	Name of Employer MVP	Occupation VP of E Business	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00]
- C.	Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
-	Mailing Address 625 State Street		M M / D D / Y Y Y Y 08 13 2009
	City Schenectady	State Zip Code NY 12047	Transaction ID: SA11AI.6965 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer MVP	Occupation VP of E Business	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 340.00]
ſ		••••••••••••••••••••••••••••••••••••••	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 135 / 169 (check only one) 11a X 11a 11b 11c 13 14 15 16
	or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Ellen Runyon	Date of Receipt	
	Mailing Address 625 State Street		08 / D D / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6966
	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 V	
	Primary General Other (specify) ▼	360.00	
– В.	Full Name (Last, First, Middle Initial) Ellen Runyon		Date of Receipt
	Mailing Address 625 State Street	09 / D D / Y Y Y Y 09 / 10 / 2009	
	City	State Zip Code	Transaction ID: SA11AI.6967
	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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
-	Full Name (Last, First, Middle Initial)		
C.	Ellen Runyon Mailing Address 625 State Street		Date of Receipt
	City Schenectady	State Zip Code NY 12047	Transaction ID: SA11AI.6968 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer MVP	Occupation VP of E Business	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Γ	SUBTOTAL of Receipts This Page (optional).	'	60.00

SCHEDULE A (FEC F ITEMIZED RECEIPTS		
Any information copied from such or for commercial purposes, othe NAME OF COMMITTEE (In R MVP Health Care Inc. Fe		ny person for the purpose of soliciting contributions
Full Name (Last, First, Middle Ellen Runyon Mailing Address 625 State City	Initial)	Date of Receipt
<u>Schenectady</u> FEC ID number of contributing federal political committee.	NY 12047	Amount of Each Receipt this Period 20.00
Name of Employer MVP Receipt For: Primary Gener Other (specify) ▼	Occupation VP of E Business ral 420.0	00
Full Name (Last, First, Middle Ellen Runyon Mailing Address 625 State	Street	Date of Receipt
City <u>Schenectady</u> FEC ID number of contributing federal political committee.	g C Zip Code	Transaction ID: SA11AI.6970 Amount of Each Receipt this Period 20.00
Name of Employer MVP Receipt For: Primary Gener Other (specify) ▼	Occupation VP of E Business ral Aggregate Year-to-Date 440.0	20
Full Name (Last, First, Middle Ellen Runyon Mailing Address 625 State	·	Date of Receipt
City <u>Schenectady</u> FEC ID number of contributing	State Zip Code NY 12047	1 1 0 5 2 0 0 9 Transaction ID: SA11AI.6971 Amount of Each Receipt this Period 20.00
federal political committee. Name of Employer MVP	Occupation VP of E Business	
Receipt For: Primary Gener Other (specify) ▼	ral Aggregate Year-to-Date ▼	00
	age (optional)	60.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 169 (check only one) X 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	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street		Date of Receipt
			11 19 2009
	City Schenectady	State Zip Code NY 12047	Transaction ID: SA11AI.6972
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
	Name of Employer MVP	Occupation VP of E Business	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
— В.	Full Name (Last, First, Middle Initial) Ellen Runyon Mailing Address 625 State Street		Date of Receipt
	City	1 2 0 3 2 0 0 9 Transaction ID: SA11AI.6973	
	Schenectady	State Zip Code 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: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Ellen Runyon	1	Date of Receipt
	Mailing Address 625 State Street		M M / D D / Y Y Y Y Y 12 17 2009
	City <u>Schenectady</u>	State Zip Code NY 12047	Transaction ID: SA11AI.6974 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer MVP	Occupation VP of E Business	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	
Γ	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	60.00

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	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 138 / 169
	TEMIZED RECEIPTS	for each category of the	(check only one)	
		Detailed Summary Page	X 11a 11b 11c 12	
	Any information copied from such Reports and S	Statements ma	av not be sold or used by any pers	on for the purpose of soliciting contributions
	or for commercial purposes, other than using the	e name and ad	Idress of any political committee t	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	MVP Health Care Inc. Federal PAC			
	/ WIVP Health Care Inc. Federal PAC			
	/			
Α.	Full Name (Last, First, Middle Initial) Ellen Runyon	Date of Receipt		
~ .	Mailing Address 625 State Street			
	Maining Address 625 State Street			12 31 2009
	City	State	Zip Code	Transaction ID: SA11AI.6975
	-	NY	·	
	Schenectady		12047	Amount of Each Receipt this Period
	FEC ID number of contributing	С		20.00
	federal political committee.			
	Nome of Employer	Occupatio	22	_
	Name of Employer MVP	Occupation		
			Business	
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General		540.00	
	Other (specify)		5-0.00	
	Full Name (Last, First, Middle Initial)			
В.	Thomas Ryan			Date of Receipt
	Mailing Address 24 Bluestone Ridge			M M / D D / Y Y Y Y
				07 03 2009
	City State Zip Code			Transaction ID: SA11AI.6976
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	-			
	Name of Employer	Occupatio	on	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		070.00	
	Other (specify) 🔻		270.00	
	Full Name (Last, First, Middle Initial)	•		
C.	Thomas Ryan			Date of Receipt
	Mailing Address 24 Bluestone Ridge			M M / D D / Y Y Y
				07 17 2009
	City	State	Zip Code	Transaction ID: SA11AI.6977
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer	Occupatio	n	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General			
	Other (specify)		300.00	
			<u></u>	-
	SUPTOTAL of Possisto This Dass (astisted)			80.00
	SUBTOTAL of Receipts This Page (optional)			
	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 139 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge City	State Zip Code	Date of Receipt
	Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 30.00
	Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 330.00]
В.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
	City <u>Clifton Park</u> FEC ID number of contributing federal political committee.	State Zip Code NY 12065	Transaction ID: SA11AI.6979 Amount of Each Receipt this Period 30.00
	Name of Employer Receipt For: Primary General Other (specify)	Occupation Aggregate Year-to-Date ▼ 360.00]
C.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
	City Clifton Park FEC ID number of contributing federal political committee.	State Zip Code NY 12065	Transaction ID: SA11AI.6980 Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00]
	SUBTOTAL of Receipts This Page (optional)		90.00
	TOTAL This Period (last page this line number of	only)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Si	Use separate schedule(s) for each category of the Detailed Summary Page tatements may not be sold or used by any perso	FOR LINE NUMBER: PAGE 140 / 169 (check only one) 11 X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 11 11 11
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
	City Clifton Park	StateZip CodeNY12065	Transaction ID: SA11AI.6981 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	30.00
	Receipt For: Primary General Other (specify) ♥	Aggregate Year-to-Date ▼ 420.00]
в.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
	City	State Zip Code	Transaction ID: SA11AI.6982
	Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 30.00
	Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 450.00]
с.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
	City	State Zip Code	10092009 Transaction ID: SA11AI.6983
	Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date V 480.00	
	SUBTOTAL of Receipts This Page (optional)		90.00
ľ	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	tatements may n	Use separate schedule(s) for each category of the Detailed Summary Page tot be sold or used by any person ass of any political committee to	FOR LINE NUMBER: PAGE 141 / 169 (check only one) Image: Comparison of the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
Α.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.6984
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 510.00]
В.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge			Date of Receipt
	City	State	Zip Code	Transaction ID: SA11AI.6985
	Clifton Park	NY	12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 540.00	
C.	Full Name (Last, First, Middle Initial) Thomas Ryan			Date of Receipt
	Mailing Address 24 Bluestone Ridge			M M / D D / Y Y Y Y 111 20 2009
	City Clifton Park	State NY	Zip Code 12065	Transaction ID: SA11AI.6986 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 570.00]
	SUBTOTAL of Receipts This Page (optional)			90.00
	TOTAL This Period (last page this line number c	only)		

l	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 110 117
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	name and address of any political committee to	solicit contributions from such committee.
А.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge	State Zip Code	Date of Receipt
	City	Transaction ID: SA11AI.6987	
	Clifton Park FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 30.00
	· · · · · · · · · · · · · · · · · · ·		
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00]
- В.	Full Name (Last, First, Middle Initial) Thomas Ryan Mailing Address 24 Bluestone Ridge		Date of Receipt
		12 18 2009	
	City Clifton Park	State Zip Code	Transaction ID: SA11AI.6988
	FEC ID number of contributing federal political committee.	NY 12065	Amount of Each Receipt this Period 30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00]
-	Full Name (Last, First, Middle Initial)		
C.	Thomas Ryan Mailing Address 24 Bluestone Ridge	Date of Receipt 1 2 3 1 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.6989
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00]
Γ	SUBTOTAL of Receipts This Page (optional)	۱ 	90.00
F	TOTAL This Period (last page this line number		

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 169 (check only one) X X 11a
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 per-	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
∠ ۹.	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		07 / 02 / Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.6990
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify)	420.00	
. –	Full Name (Last, First, Middle Initial) Daniel Sauer	1	Date of Receipt
	Mailing Address 160 Fifth Avenue	07 / 16 / Y Y Y Y 2009	
	City	Transaction ID: SA11AI.6991	
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer	<u> </u>	Date of Receipt
•	Mailing Address 160 Fifth Avenue		07 30 2009
	City	State Zip Code	Transaction ID: SA11AI.6992
	Saratoga Springs	NY 12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1	90.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 144 / 169
	· · · ·		Use separate schedule(s) for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
A	ny information copied from such Reports and a reference of the second second second second second second second	Statements may	y not be sold or used by any pers	13 14 15 16 1 ⁻ on for the purpose of soliciting contributions o solicit contributions from such committee.
Ň	NAME OF COMMITTEE (In Full)			
	WVP Health Care Inc. Federal PAC			
×.	Full Name (Last, First, Middle Initial) Daniel Sauer	Date of Receipt		
	Mailing Address 160 Fifth Avenue	M M M / D D / Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11AI.6993
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio VP Sales		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		510.00	
	Other (specify)	0 0	510.00	
s	Full Name (Last, First, Middle Initial) Daniel Sauer			Date of Receipt
	Mailing Address 160 Fifth Avenue			M M / D D / Y Y Y Y Y <th< td=""></th<>
	City	State	Zip Code	Transaction ID: SA11AI.6994
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio VP Sales		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		540.00]
_	Full Name (Last, First, Middle Initial) Daniel Sauer			Date of Receipt
	Mailing Address 160 Fifth Avenue			M M / D D / Y Y Y Y 09 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.6995
	Saratoga Springs	NY	12866	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio VP Sales		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	570.00]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 100 100 100	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	the name and address of any political committee to	solicit contributions from such committee.	
A. Full Name (Last, First, Middle Initial) Mailing Address 160 Fifth Avenue		Date of Receipt 0 9 2 4 2 0 0 9	
City	State Zip Code	Transaction ID: SA11AI.6996	
Saratoga Springs	NY 12866	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00	
Name of Employer MVP	Occupation VP Sales		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 600.00]	
Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt	
	Mailing Address 160 Fifth Avenue		
City	State Zip Code	Transaction ID: SA11AI.6997	
Saratoga Springs	NY 12866	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00	
Name of Employer MVP	Occupation VP Sales		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00]	
Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt	
Mailing Address 160 Fifth Avenue		M M / D D / Y Y Y Y 10 22 2009	
City <u>Saratoga Springs</u>	State Zip Code NY 12866	Transaction ID: SA11AI.6998 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	30.00	
Name of Employer MVP	Occupation VP Sales		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00]	
SUBTOTAL of Receipts This Page (optiona	۲ ۱)	90.00	
	ber only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 169 (check only one) X X 11a 11b 11c 12
A	ny information copied from such Reports and S	Statements may not be sold or used by any pers	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	המחיב מווע מעטרפאג טר מווץ אסוונוכמו כטרווזווננפּר נ	
لا م.	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		M M / D D / Y Y Y Y 111 05 2009
	City	State Zip Code	Transaction ID: SA11AI.6999
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	
. —	Full Name (Last, First, Middle Initial) Daniel Sauer Mailing Address 160 Fifth Avenue	l	Date of Receipt
	City		
	Saratoga Springs	State Zip Code NY 12866	Transaction ID: SA11AI.7000 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	
	Full Name (Last, First, Middle Initial) Daniel Sauer	1	Date of Receipt
	Mailing Address 160 Fifth Avenue		M M / D D / Y Y Y Y 12 03 2009
	City Saratoga Springs	State Zip Code NY 12866	Transaction ID: SA11AI.7001 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP Sales	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
	NIDTOTAL of Descints This Dags (astional)		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 147 / 169 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any perso	
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A.	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue		1 2 1 7 2 0 0 9
	City	State Zip Code	Transaction ID: SA11AI.7002
	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	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00]
в.	Full Name (Last, First, Middle Initial) Daniel Sauer		Date of Receipt
	Mailing Address 160 Fifth Avenue	1 2 3 1 2 0 0 9	
	City	State Zip Code	Transaction ID: SA11AI.7003
	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	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	
C.	Full Name (Last, First, Middle Initial) Kelly Shea-Bradley Mailing Address 6 Eastview Road		Date of Receipt
			07 23 2009
	City Latham	State Zip Code NY 12110	Transaction ID: SA11AI.7291 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	350.00
	Name of Employer MVP	Occupation Administrative	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00]
	SUBTOTAL of Receipts This Page (optional)	·····	410.00
	TOTAL This Period (last page this line number of	only)	

	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 148 / 169		
		Use separate schedule(s) for each category of the	(check only one)		
11	EMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12		
			13 14 15 16 17		
Ai or	for commercial purposes, other than using th	Statements may not be sold or used by any pers ne name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)				
	MVP Health Care Inc. Federal PAC				
۹.	Full Name (Last, First, Middle Initial) David Stitt		Date of Receipt		
	Mailing Address 684 Macelroy Road		M M / D D / Y Y Y Y 10 08 2009		
	City	State Zip Code	Transaction ID: SA11AI.7070		
	Ballston Spa	NY 12019	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	10.00		
	Name of Employer MVP	Occupation Pharmacy Director			
	Receipt For:	Aggregate Year-to-Date V			
	Primary General				
	Other (specify)	210.00			
	Full Name (Last, First, Middle Initial) David Stitt	•	Date of Receipt		
	Mailing Address 684 Macelroy Road		M M / D D / Y Y Y Y 10 22 2009		
	City	State Zip Code	Transaction ID: SA11AI.7071		
	Ballston Spa	NY 12019	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	10.00		
	Name of Employer MVP	Occupation Pharmacy Director			
	Receipt For:	Aggregate Year-to-Date V			
	Primary General Other (specify) ▼	220.00			
	Full Name (Last, First, Middle Initial) David Stitt		Date of Receipt		
	Mailing Address 684 Macelroy Road		1 1 0 5 2 0 0 9		
	City	State Zip Code	Transaction ID: SA11AI.7072		
	Ballston Spa	NY 12019	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C	10.00		
	Name of Employer MVP	Occupation Pharmacy Director	1		
	Receipt For:	Aggregate Year-to-Date V			
	Primary General Other (specify) ▼	230.00			
Г			30.00		

	SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 149 / 169		
			Use separate sch for each category		(check only one)		
			Detailed Summar		X 11a 11b 11c 12		
	Any information copied from such Reports and s or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used dress of any political	by any persor committee to s	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.		
İ	NAME OF COMMITTEE (In Full)						
	MVP Health Care Inc. Federal PAC						
Α.	Full Name (Last, First, Middle Initial) David Stitt				Date of Receipt		
	Mailing Address 684 Macelroy Road	Mailing Address 684 Macelroy Road					
	City	State	Zip Code		Transaction ID: SA11AI.7073		
	Ballston Spa	NY	12019		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			10.00		
	Name of Employer MVP	Occupation Pharmac	on cy Director				
	Receipt For:	- I - I	e Year-to-Date 🔻		1		
	Primary General		1 1 1 1	240.00			
	Other (specify)	0 0	0 0 0 0	240.00			
в.	Full Name (Last, First, Middle Initial) David Stitt				Date of Receipt		
	Mailing Address 684 Macelroy Road				M M / D D / Y Y Y Y 12 03 2009		
	City	State	Zip Code		Transaction ID: SA11AI.7074		
	Ballston Spa	NY	12019		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			10.00		
	Name of Employer MVP	Occupation Pharmac	on cy Director				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0		250.00			
- с.	Full Name (Last, First, Middle Initial) David Stitt	1			Date of Receipt		
	Mailing Address 684 Macelroy Road				M M / D D / Y Y Y Y 12 17 2009		
	City	State	Zip Code		Transaction ID: SA11AI.7075		
	Ballston Spa	NY	12019		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1	10.00		
	Name of Employer MVP	Occupation Pharmace	on cy Director				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0		260.00			
[30.00		
ļ	SUBTOTAL of Receipts This Page (optional) .			•••••• •			
	TOTAL This Period (last page this line number	r only)		►			

SCHEDULE A (FEC Form		FOR LINE NUMBER: PAGE 150 / 169 (check only one)
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than us	ts and Statements may not be sold or used by any persor sing the name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) A. David Stitt		Date of Receipt
Mailing Address 684 Macelroy Re	oad	M M / D D / Y Y Y Y 12 31 2009
City	State Zip Code	Transaction ID: SA11AI.7076
Ballston Spa	NY 12019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer MVP	Occupation Pharmacy Director	
Receipt For:	Aggregate Year-to-Date ▼	1
Other (specify)	270.00	
Full Name (Last, First, Middle Initial) 3. Tracy Tadaro-Ott	1	Date of Receipt
Mailing Address 33 Everett Drive)	07 / D D / Y Y Y Y 02 2009
City	State Zip Code	Transaction ID: SA11AI.7077
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer MVP	Occupation VP, Sales	
Receipt For:	Aggregate Year-to-Date 🔻	
Other (specify) ▼	420.00	
Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive)	M M / D D Y
City	State Zip Code	Transaction ID: SA11AI.7078
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		30.00
Name of Employer MVP	Occupation VP, Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
SUBTOTAL of Receipts This Page (opt	ional)	70.00
	number only)	

SCHEDULE A (FEC Form 3	X)	FOR LINE NUMBER: PAGE 151 / 169
•	 Use separate schedule(s) for each category of the 	(check only one)
ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persor og the name and address of any political committee to s	n tor the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
MVP Health Care Inc. Federal PA	С	
Full Name (Last, First, Middle Initial) A. Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		
		07 30 2009
City	State Zip Code	Transaction ID: SA11AI.7079
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	30.00
Name of Employer MVP	Occupation	
	VP, Sales	4
Receipt For: Primary General	Aggregate Year-to-Date	
Other (specify)	480.00	
Full Name (Last, First, Middle Initial)	·	
B. Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		08 13 2009
City	State Zip Code	Transaction ID: SA11AI.7080
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing	C	30.00
federal political committee.		
Name of Employer MVP	Occupation	1
	VP, Sales	
Receipt For:	Aggregate Year-to-Date 🔻	
Primary General Other (specify)	510.00	
Full Name (Last, First, Middle Initial)	1	1
C. Tracy Tadaro-Ott		Date of Receipt
Mailing Address 33 Everett Drive		08 / D D / Y Y Y Y 08 27 2009
City	State Zip Code	Transaction ID: SA11AI.7081
Rochester	NY 14624	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		30.00
Name of Employer MVP	Occupation	1
MVP	VP, Sales	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	540.00	
Other (specify)		
	1	
SUBTOTAL of Receipts This Page (option	nal) 🕨	90.00
		· · · · · · · · · ·
	mber only)	

			[1
9	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 152 / 169
	· · · · · ·		for each category of the	(check only one)
	TEMIZED RECEIPTS		Detailed Summary Page	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	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Γ	NAME OF COMMITTEE (In Full)			
	MVP Health Care Inc. Federal PAC			
۷ A.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
	Mailing Address 33 Everett Drive			M M / D D / Y Y Y Y 09 10 2009
	City	State	Zip Code	Transaction ID: SA11AI.7082
	Rochester	NY	14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio VP, Sale		-
	Receipt For:	1	e Year-to-Date 🔻	-
	Primary General	, iggi oguio		1
	Other (specify)	0 0	570.00	
- В.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
	Mailing Address 33 Everett Drive			M M / D D / Y Y Y Y 09 24 2009
	City	State	Zip Code	Transaction ID: SA11AI.7083
	Rochester	NY	14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer MVP	Occupatio VP, Sale		
	Receipt For:	1 .	e Year-to-Date 🔻	-
	Primary General	Aggregate		1
	Other (specify)	0 0	600.00	
- C.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt
	Mailing Address 33 Everett Drive			M M / D D / Y Y Y Y 10 08 2009
	City	State	Zip Code	Transaction ID: SA11AI.7084
	Rochester	NY	14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupatio VP, Sale		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		630.00]
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		90.00
ľ	TOTAL This Period (last page this line number	r only)	······	

c			FOR LINE NUMBER: PAGE 153 / 169
	HEDULE A (FEC Form 3X)	Use separate schedule(s) for each category of the	(check only one)
I	TEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
_			13 14 15 16 17
A C	Any information copied from such Reports and a r for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	angle MVP Health Care Inc. Federal PAC		
А.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
	Mailing Address 33 Everett Drive		10 ^{//} 22 [/] 2009
	City	State Zip Code	Transaction ID: SA11AI.7085
	Rochester	NY 14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP, Sales	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) v	660.00	
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
	Mailing Address 33 Everett Drive		M M / D D / Y Y Y Y 111 05 2009
	City	State Zip Code	Transaction ID: SA11AI.7086
	Rochester	NY 14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation VP, Sales	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	690.00	
	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott		Date of Receipt
	Mailing Address 33 Everett Drive		1 1 1 9 2009
	City	State Zip Code	Transaction ID: SA11AI.7087
	Rochester	NY 14624	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation VP, Sales	
	Receipt For:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	720.00	

C	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 154 / 169		
	· · ·		Use separate schedule(s) for each category of the	(check only one)		
11	EMIZED RECEIPTS		illed Summary Page	X 11a 11b 11c 12		
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may not be name and address of	sold or used by any perso any political committee to	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	MVP Health Care Inc. Federal PAC					
A.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt		
	Mailing Address 33 Everett Drive			12 / D D / Y Y Y Y Y 12 03 2009		
	City	•	Code	Transaction ID: SA11AI.7088		
	Rochester	NY 14	624	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer MVP	Occupation VP, Sales				
	Receipt For:	Aggregate Year-to	-Date 🔻			
	Primary General Other (specify) ▼		750.00]		
— В.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt		
	Mailing Address 33 Everett Drive			12 / 17 / Y Y Y Y 12 17 2009		
	City	•	Code	Transaction ID: SA11AI.7089		
	Rochester	<u>NY 14</u>	624	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer MVP	Occupation VP, Sales				
	Receipt For:	Aggregate Year-to	-Date 🔻			
	Primary General Other (specify) Image: Content of the specify of the specify of the specify of the specify of the specific of the speci		780.00			
 с.	Full Name (Last, First, Middle Initial) Tracy Tadaro-Ott			Date of Receipt		
	Mailing Address 33 Everett Drive			M M / D D / Y Y Y Y Y 12 31 2009		
	City		Code	Transaction ID: SA11AI.7090		
	Rochester	NY 14	624	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer MVP	Occupation VP, Sales				
	Receipt For:	Aggregate Year-to	-Date 🔻			
	Primary General Other (specify) ▼		810.00			
s	UBTOTAL of Receipts This Page (optional)	I	`	90.00		
	OTAL This Period (last page this line number		· · ·			

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 169 (check only one) X 11a 11b 11c 12
	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 perso	13 14 15 16 17
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place		Date of Receipt
			07 02 2009
	City Middletown	State Zip Code CT 06457	Transaction ID: SA11AI.7105
	FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation CIO	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00]
В.	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place	1	Date of Receipt
		07 16 2009	
	City Middletown	State Zip Code CT 06457	Transaction ID: SA11AI.7106
	FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00]
С.	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place	1	
	City	State Zip Code	07 30 2009 Transaction ID: SA11AI.7107
	Middletown	CT 06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00]
	SUBTOTAL of Receipts This Page (optional)	· ······	90.00
	TOTAL This Period (last page this line number	only)	

ę	SCHEDULE A (FEC Form 3X)	ASU	separate schedule(s)	FOR LINE NUMBER: PAGE 156 / 169
I	TEMIZED RECEIPTS	for e	ach category of the iled Summary Page	(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	Statements may not be e name and address of	sold or used by any person any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
۷ A.	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			M M / D D / Y
	City		Code	Transaction ID: SA11AI.7108
	Middletown	<u>CT 06</u>	457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation CIO		
	Receipt For: Primary General	Aggregate Year-to	-Date 🔻	
	Primary General Other (specify)		510.00	
– B.	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			M M / D D / Y
	City	State Zip	Code	Transaction ID: SA11AI.7109
	Middletown	CT 06	457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation CIO		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 540.00	
- C.	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			0 9 1 0 2 0 0 9
	City		Code	Transaction ID: SA11AI.7110
	Middletown FEC ID number of contributing		457	Amount of Each Receipt this Period
	federal political committee.			30.00
	Name of Employer MVP	Occupation CIO		
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate Year-to	-Date ▼ 570.00	
Г				

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 169 (check only one) X X 11a 11b 11c
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial)		
Α.	John Vangraafeiland Mailing Address 85 Pinehurst Place		Date of Receipt 0 9 2 4 2 0 0 9
	City Middletown	State Zip Code CT 06457	Transaction ID: SA11AI.7111 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
В.	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place	1	Date of Receipt
	City Middletown	State Zip Code CT 06457	Transaction ID: SA11AI.7112
	FEC ID number of contributing federal political committee.	CT 06457	Amount of Each Receipt this Period 30.00
	Name of Employer MVP	Occupation CIO	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	
C.	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place	1	Date of Receipt
	 City Middletown	State Zip Code CT 06457	Transaction ID: SA11AI.7113 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30.00
	Name of Employer MVP	Occupation CIO	-
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	
	SUBTOTAL of Receipts This Page (optional)	······	90.00
	TOTAL This Period (last page this line number	only)	

ę	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 158 / 169
ľ	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
4	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may r e name and addre	not be sold or used by any perso ess of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC			
∠ A.	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			1 1 / D D / Y Y Y Y 1 1 1 / D 5 / 2 0 0 9
	City	State	Zip Code	Transaction ID: SA11AI.7114
	Middletown	СТ	06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation CIO		
	Receipt For:	Aggregate Y	/ear-to-Date ▼	
	Primary General Other (specify) ▼	0 0	690.00]
— 3.	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			M M / D D / Y
	City	State	Zip Code	Transaction ID: SA11AI.7115
	Middletown	CT	06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation CIO		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 720.00]
	Full Name (Last, First, Middle Initial) John Vangraafeiland			Date of Receipt
	Mailing Address 85 Pinehurst Place			M M / D D / Y Y Y Y 12 03 2009
	City	State	Zip Code	Transaction ID: SA11AI.7116
	Middletown	СТ	06457	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer MVP	Occupation CIO		
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 750.00]
				I

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 169 (check only one) 11c 12
	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 person name and address of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code CT 06457 C Occupation Occupation CIO Aggregate Year-to-Date ▼ 780.00	Date of Receipt
В.	Full Name (Last, First, Middle Initial) John Vangraafeiland Mailing Address 85 Pinehurst Place City Middletown FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code C Occupation CIO Aggregate Year-to-Date ▼ 810.00	Date of Receipt
с.	Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12065 C Occupation Associate Counsel Aggregate Year-to-Date 420.00	Date of Receipt
	SUBTOTAL of Receipts This Page (optional)		90.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	f	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
or t	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	tatements may no name and addres	t be sold or used by any perso s of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate C Aggregate Yea		Date of Receipt
	Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate C Aggregate Yea		Date of Receipt
	Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court City Clifton Park FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NY C Occupation Associate C Aggregate Yea		Date of Receipt M M / D D / Y
	JBTOTAL of Receipts This Page (optional)			90.00

	CHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 169 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) WVP Health Care Inc. Federal PAC		
بر ٩.	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
	Mailing Address 30 Wilton Court		08 / D / Y Y Y Y 2009
	City	State Zip Code	Transaction ID: SA11AI.7123
	Clifton Park	NY 12065	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:	Aggregate Year-to-Date V	
	Primary General Other (specify) ▼	540.00	
	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
	Mailing Address 30 Wilton Court		M M / D D / Y
	City	State Zip Code	Transaction ID: SA11AI.7124
	Clifton Park	NY 12065	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 ▼ 570.00	
	Full Name (Last, First, Middle Initial) Shanon Vollmer	1	Date of Receipt
	Mailing Address 30 Wilton Court		M M / D D / Y Y Y Y 09 24 2009
	City <u>Clifton Park</u>	State Zip Code NY 12065	Transaction ID: SA11AI.7125 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Associate Counsel	_
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
	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 162 / 169 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	MVP Health Care Inc. Federal PAC		
Α.	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
	Mailing Address 30 Wilton Court		10 ^{//} 08 ^{//} 2009
	City	State Zip Code	Transaction ID: SA11AI.7126
	Clifton Park	NY 12065	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:	Aggregate Year-to-Date ▼	-
	Primary General Other (specify) ▼	630.00	
В.	Full Name (Last, First, Middle Initial) Shanon Vollmer	1	Date of Receipt
	Mailing Address 30 Wilton Court		10 ^M 22 ^V 2009
	City	State Zip Code	Transaction ID: SA11AI.7127
	Clifton Park	NY 12065	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:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	660.00	
- с.	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
-	Mailing Address 30 Wilton Court		M M / D D / Y Y Y Y 111 05 2009
	City	State Zip Code	Transaction ID: SA11AI.7128
	Clifton Park	NY 12065	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 ▼ 690.00	
	SUBTOTAL of Receipts This Page (optional)	·	90.00
	TOTAL This Period (last page this line number	• only)	

Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	•	13 14 15 16 17
MVP Health Care Inc. Federal PAC	I Statements may not be sold or used by any persor he name and address of any political committee to s	for the purpose of soliciting contributions solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) Mailing Address 30 Wilton Court City Clifton Park	State Zip Code NY 12065	Date of Receipt
FEC ID number of contributing federal political committee.	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Associate Counsel Aggregate Year-to-Date 720.00	-
Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt 12 / 03 / 2009
City <u>Clifton Park</u> FEC ID number of contributing federal political committee.	State Zip Code NY 12065	Transaction ID: SA11AI.7130 Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For: Primary General	Occupation Associate Counsel Aggregate Year-to-Date ▼ 750.00	-
C. Other (specify) ▼ Full Name (Last, First, Middle Initial) Shanon Vollmer Mailing Address 30 Wilton Court		Date of Receipt
City <u>Clifton Park</u> FEC ID number of contributing federal political committee.	State Zip Code NY 12065	12 17 2009 Transaction ID: SA11AI.7131 Amount of Each Receipt this Period 30.00
Name of Employer MVP Receipt For:	Occupation Associate Counsel Aggregate Year-to-Date V	
Other (specify) ▼	780.00	90.00

	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 164 / 169 (check only one)
ſ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	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	tatements may not be sold or used by any person 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		
∠ A.	Full Name (Last, First, Middle Initial) Shanon Vollmer		Date of Receipt
	Mailing Address 30 Wilton Court		M M / D D / Y Y Y Y 12 / 31 / 2009
	City	State Zip Code	Transaction ID: SA11AI.7132
	Clifton Park	NY 12065	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		30.00
	Name of Employer MVP	Occupation Associate Counsel	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	810.00]
— В.	Full Name (Last, First, Middle Initial) James Wall		Date of Receipt
	Mailing Address 19 Stonegath Road		M / D / Y
	City	State Zip Code	Transaction ID: SA11AI.7163
	Ballston Lake	NY 12019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP	Occupation Director	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	210.00]
– C.	Full Name (Last, First, Middle Initial) James Wall		Date of Receipt
	Mailing Address 19 Stonegath Road		M M / D D / Y Y Y Y 10 22 2009
	City Delleten Lake	State Zip Code	Transaction ID: SA11AI.7164
	Ballston Lake FEC ID number of contributing	NY 12019	Amount of Each Receipt this Period
	federal political committee.		10.00
	Name of Employer MVP	Occupation Director	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	1
	Other (specify)	220.00]
Γ	SUBTOTAL of Receipts This Page (optional)	۰ ۱	50.00
	TOTAL This Period (last page this line number		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 165 / 169 (check only one)
ľ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
A C	Any information copied from such Reports and or for commercial purposes, other than using th	Statements may not be sold or used by any pers e name and address of any political committee t	son for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
لا 4.	Full Name (Last, First, Middle Initial) James Wall		Date of Receipt
	Mailing Address 19 Stonegath Road		M M / D D / Y Y Y Y 111 05 2009
	City	State Zip Code	Transaction ID: SA11AI.7165
	Ballston Lake	NY 12019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	10.00
	Name of Employer MVP	Occupation Director	
	Receipt For:	Aggregate Year-to-Date ▼	_
	Primary General Other (specify) ▼	230.00	
	Full Name (Last, First, Middle Initial) James Wall		Date of Receipt
	Mailing Address 19 Stonegath Road		M M / D D / Y Y Y Y 11 1 19 2009
	City	State Zip Code	Transaction ID: SA11AI.7166
	Ballston Lake FEC ID number of contributing	NY 12019	Amount of Each Receipt this Period
	federal political committee.		10.00
	Name of Employer MVP	Occupation Director	
	Receipt For:	Aggregate Year-to-Date 🔻	
	Primary General Other (specify)	240.00	
. –	Full Name (Last, First, Middle Initial) James Wall		Date of Receipt
	Mailing Address 19 Stonegath Road		12 03 YYYY 12009
	City Ballatan Laka	State Zip Code NY 12019	Transaction ID: SA11AI.7167
	Ballston Lake FEC ID number of contributing		Amount of Each Receipt this Period
	federal political committee.		10.00
	Name of Employer MVP	Occupation Director	
	Receipt For: Primary General	Aggregate Year-to-Date 🔻	_
	Other (specify) ▼	250.00	
Г		1	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and sor for commercial purposes, other than using the	Statements ma e name and add	Use separate schedul for each category of th Detailed Summary Pa y not be sold or used by a dress of any political comr	ge	FOR LINE NUMBER: PAGE 166 / 169 (check only one) 11a X 11a 11b 13 14 15 16 17 for the purpose of soliciting contributions from such committee. 10 17
	NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC				
A.	Full Name (Last, First, Middle Initial) James Wall				Date of Receipt
	Mailing Address 19 Stonegath Road 	State	Zip Code		M M / D D / Y
	Ballston Lake	NY	12019		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C]	10.00
	Name of Employer MVP	Occupatio Director	n		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.	00	
в.	Full Name (Last, First, Middle Initial) James Wall				Date of Receipt
	Mailing Address 19 Stonegath Road				M M / D D / Y Y Y Y 12 31 2009
	City	State	Zip Code		Transaction ID: SA11AI.7169
	Ballston Lake	NY	12019		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			10.00
	Name of Employer MVP	Occupatio Director	n		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.	00	

SUBTOTAL of Receipts This Page (optional)	►	20.00
TOTAL This Period (last page this line number only)	▶	18420.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			OR LIN		UMBE	R:				F	AGI	Ξ 1	67 /	169
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21b 27		22 28a	X	2 2	3 8b	F	24 280	,		25 29	
Any Information copied from such Reports and State or for commercial purposes, other than using the nan															
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		_	_		_	_	_	_	_	_	_	_	_	_	_
Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER						Date	of D	isb	ourse	em					
Mailing Address 509 MADISON AVE SU	ITE 1902					0 ^M 7	М	/	^D 1	^р 4) / -	Y	ž0	ð 9	Y
City NEW YORK	StateZip CodeNY10022					Amou	unt c	of E	Each	D	isburs	eme	ent tl	his P	eriod
Purpose of Disbursement						L.			a)			2	500	0.00	
Candidate Name			ateg Typ	ory/ e											
0	ement For: 2010 ⟨ Primary General Other (specify) ▼														
Full Name (Last, First, Middle Initial) Kirsten GILLIBRAND FOR SENATE						Trans Date	of D		ourse	em	nent				
Mailing Address 313 C STREET NE															
City WASHINGTON	State Zip Code DC 20002				1	Amou	unt c	of E	ach	D	isburs	eme	ent tl	his P	erioc
Purpose of Disbursement						L.						1	000	0.00	
Candidate Name			ateg Typ	ory/ e											
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Full Name (Last, First, Middle Initial)					+						SB23	3.72	85		
SCOTT MURPHY FOR CONGRESS						Date 0 [™] 7	of D ™	ist ′		em 2 4		Y	ž n	ð 9	Y
Mailing Address 615 Glen Street	State Zip Code				_		int c	of⊏		_	isburs				
Glens Falls Purpose of Disbursement	NY 12801							/	-aon		13101112		_).00	
Candidate Name Category/						L								Ĺ	
Office Sought: X House Disburs Senate President	eement For: 2010 ⟨ Primary General Other (specify) ▼		Тур												
State: NY District: 20 SUBTOTAL of Disbursements This Page (optional)										*		55	500	0.00	
TOTAL This Period (last page this line number only				•	•				•	•	•				-
EGAN026						FF	C S	Sch	edul	le	B(Fo	orm :	3X)	(Bev	vised

FEC Schedule B (Form 3X) (Revised 02/2003)

	S	CHEDULE E	B (FEC Form 3	3X)					FC) R I INF	= N	NUMBER:				PA	GF	168 /	168 / 169	
	ш	TEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the Detailed Summary Page				(check only one)											
	••									21b 27		22 28a	X	23 28b		24 28c		25 29		26 30b
	An	y Information copie	ed from such Reports	and Statem	ents may n	ot be so	old or used	d by a	L any		for		rpos		olicit		LL ntrib	-		000
			poses, other than usir																	
	Ν	NAME OF COM	/ITTEE (In Full)																	
	V	MVP Health Ca	are Inc. Federal PA	C																
	-	Full Name (Last, I							Transaction ID: SB23.7288 Date of Disbursement											
Α.		SCOTT MURPHY FOR CONGRESS																		
		Mailing Address 615 Glen Street										1 2 ^M / ^D 2 2 / ^Y 2 0 0 9 ^Y								
		City			State	Zip C	ode					Amou	nt o	Each	Dis	burser	nent	this P	erio	d
		Glens Falls			NY	1280	01					_		- i	-			0.00		
		Purpose of Disbu	rsement							-		L.,					50	00.00		
		Candidate Name							atoa	jory/										
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		Office Sought:	X House	Disburser	ment For:	2	2010				1									
			Senate	X	Primary		General													
			President		Other (spe	ecify)	7													
		State: NY	District: 20																	

SUBT	OTAL of Disbursements This Page (optional)	•	500.00
тота	L This Period (last page this line number only)	►	6000.00
FE6AN0	26		FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE D (FEC Form 3X)		(1)	PAGE 169 / 169					
	(Use separate schedule(s)	FOR LINE NUMBER:						
DEBTS AND OBLIGATIONS	for each	(check only one) 9						
Excluding Loans	numbered line)	X 10						
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC								
A. Full Name (Last, First, Middle Initial) of Deb Deluxe Business Checks	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks							
Mailing Address P.O. Box 742572								
City State Cincinnati OH	ZIP Code 45274							
Outstanding Balance Beginning This Period								
145.00								
Amount Incurred This Period	Payment This Period	Outstandir	Outstanding Balance at Close of This Period					
0.00	0.00) 145.00						
B. Full Name (Last, First, Middle Initial) of Deb Media Well Done	B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Well Done							
Mailing Address 96 Jay Street								
City State Schenectady NY	ZIP Code 12305							
Outstanding Balance Beginning This Period		Trai	Transaction ID: SD10.4165					
338.00								
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period					
0.00	0.00		338.00					
0.00	0.00		536.00					
1) SUBTOTALS This Period This Page (optiona	J)		483.00					
2) TOTALS This Period (last page this line number only)								
3) TOTAL OUTSTANDING LOANS from Sche	edule C (last page only)	•	0.00					
4) ADD 2) and 3) and carry forward to appropria	te line of Summary Page (last page only) >	483.00					

FE6AN026

FEC Schedule D (Form 3X) (Revised 02/2003)