

CERTIFICATION FOR POLITICAL ACTION COMMITTEES (PACs) OR POLITICAL PARTIES

NAME OF COMMITTEE/PARTY: MVP Health Care, Inc., Vermont PAC

CONTACT PERSON: Frank Fanshawe, c/o Chris Rice

ADDRESS: 45 Court Street TOWN: Montpelier STATE: VT ZIP: 05641

TELEPHONE: 802-225-3100

This is my report due: [x] July 15, 2010 [] August 17, 2010 [] September 15, 2010 [] October 15, 2010 [] November 15, 2010 [] December 15, 2010

(Reports cover period from where last report left off through two days prior to filing deadline.)

WE HAVE COMPLETED AND ATTACHED THE FOLLOWING FORMS for this reporting period: [x] Certification of PAC or party - This sheet (REQUIRED) [x] Contribution & Expenditure Summary (REQUIRED)

[x] Details of Contributions Over \$100 (As needed) [x] Details of Expenditures (As needed) [] Details of Debt/Obligation Outstanding or Discharged/Forgiven (As needed)

FINAL REPORT: (Only check when filing final report.) This is our FINAL REPORT for the 2009-2010 Campaign Cycle and closes out our 2010 campaign by indicating the disposition of any surplus or debt, and all contributions and expenditures for this cycle are accounted for. Note: A FINAL REPORT is required to close out a campaign. This does NOT mean that your account must be closed.

CHECK ONE ONLY:

[] We have \$ surplus from the 2010 campaign and this amount will be carried forward to the 2012 campaign.

[] Surplus funds from the 2010 campaign in the amount of \$ have been donated to the charity, candidate, PAC or political party listed in the attached Details of Expenditures sheet, leaving a balance of \$0.

You must file at least the first two (2) pages of the report: this sheet, which is a Certification of PAC/Party; and the Contribution and Expenditure Summary sheet.

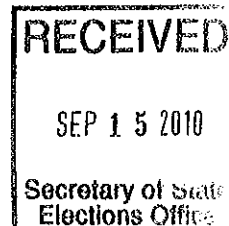
I hereby certify that the information provided on all pages of this campaign finance disclosure report is true to the best of my knowledge, information and belief.

9/13/10 Date

Treasurer Signature

Frank Fanshawe Name of person signing form (PRINT)

Office of the Vermont Secretary of State Elections Division 26 Terrace Street Montpelier, VT 05609-1101 (802) 828-2363



Name of PAC: MVP Health Care Vermont PAC

CONTRIBUTION and EXPENDITURE SUMMARY

CONTRIBUTIONS

CONTRIBUTIONS OVER \$100	Total Contributions for this reporting period:	\$1,000
	Total Contributions, Campaign to Date:	\$11,000
Note: If you have received contributions over \$100, you will need to attach the Details of Contributions Over \$100 Sheet.		
CONTRIBUTIONS \$100 OR LESS	Total Contributions for this reporting period:	0
	Total number of contributors for this reporting period:	
	Total Contributions, Campaign to Date:	0
	Total number of contributors, Campaign to Date:	
GRAND TOTAL OF ALL CONTRIBUTIONS		
FOR THIS REPORTING PERIOD	1.) A. Subtotal of non-monetary (in-kind) contributions:	0
	1.) B. Subtotal of monetary contributions:	\$1,000
	TOTAL For This Reporting Period (Add 1A + 1B):	\$1,000
CAMPAIGN TO DATE	2.) A. Subtotal of non-monetary (in-kind) contributions:	0
	2.) B. Subtotal of monetary contributions:	\$11,000
	TOTAL, Campaign to Date (Add 2A + 2B):	\$11,000

EXPENDITURES

GRAND TOTAL OF ALL EXPENDITURES	TOTAL For This Reporting Period:	\$2,015
	TOTAL, Campaign to Date:	\$5,515

NOTE: If you have made expenditures since the 2008 campaign, you will need to attach the Details of Expenditures Sheet.

LOANS OR OTHER DEBT

TOTAL PRIVATE LOANS OR OTHER OBLIGATIONS CURRENTLY OUTSTANDING	Total Loans For This Reporting Period:	0
	Total Loans, Campaign to Date:	0
TOTAL DEBT/OBLIGATIONS FORGIVEN	Total Loans For This Reporting Period:	0
	Total Loans, Campaign to Date:	0

NOTE: If you have made loans or other debt outstanding or that has been forgiven, you will need to attach the Details of Loans/Other Obligations Sheet.

RECEIVED

SEP 15 2010

