Image# 13940770861	_						PAG	GE 1 / 21
FEC FORM 3X	A	ND DIS	OF REC BURSEN		S			
							Office Use Only	
1. NAME OF COMMITTEE (in 1		e or print 🔻		mple: If typin the lines.	ng, type	12FE4M5		
MVP Health Ca	re Inc. Fea	deral PAC						
ADDRESS (number and		25 State Street						
Check if diffe	sha	Schenectady				NY	12305	
reported. (AC	Č)							-
2. FEC IDENTIFICA	ATION NUMB	ER 🔻	CITY 🔺		S		ZIP CO	DE 🔺
C C00431429)		3. IS THIS REPORT		NEW N) OR	× AN (A)	IENDED	
 4. TYPE OF REP (Choose One) (a) Quarterly Rep April 15 	-	b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly July 15 Quarterly October Quarterly January 3	Report (Q3)	(C) 12-Day PRE -Ele Report		Primary (12F Convention (12C)	General Special (Runoff (12R)
July 31 M Report (N Year Only Terminati	/lid-Year Non-election	(d) 30-Day POST -E Report		General (300		Runoff (3	0R) in the	Special (30S)
L (TER)			Election on				State c	of
 Covering Period I certify that I have ex 	01	eport and to the	2012 e best of my know	through wledge and I	03 Delief it is true	, correct and	2012 complete.	
Type or Print Name of	Treasurer J	ordan T. Estey						
Signature of Treasurer	Jordan T 	Estey		[Electronically	<i>Filed]</i> Da	ate 05	/ D D / 28	2013
NOTE: Submission of fa	alse, erroneous	, or incomplete i	nformation may su	bject the pers	son signing thi	s Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only							FEC FOR Rev. 12/2	
							•	

05/28/2013 17:49

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Write or Type Committee Name		
	MVP Health Care Inc. Federal P	AC	
F	Report Covering the Period: From:	01 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	b: 03 / D D / Y Y Y Y Y Y 2012
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		64574.34
	(b) Cash on Hand at Beginning of Reporting Period	64574.34	
	(c) Total Receipts (from Line 19)	10335.00	10335.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	74909.34	74909.34
7.	. Total Disbursements (from Line 31)	6000.00	6000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	68909.34	68909.34
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

	FEC Form 3X (Rev. 06/2004)	AILED SUMMARY PAGE of Receipts	Page 3
W	rite or Type Committee Name		i age 🗸
	IVP Health Care Inc. Federal PAC		
	eport Covering the Period: From: 01	/ D D / Y Y Y Y 01 2012 To:	03 / D D / Y Y Y Y 2012
	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)	1860.00	1860.00
	(ii) Unitemized (iii) TOTAL (add	, 8475.00	8475.00
	Lines 11(a)(i) and (ii)	7 10335.00	10335.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	10335.00	10335.00
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
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (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))►	10335.00	10335.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	10335.00	10335.00

DETAILED SUMMARY PAGE

		Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures	0.00	0.0
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	7 7 0.00	7 7 7
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	6000.00	6000.00
Independent Expenditures (use Schedule E)	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00	
(use Schedule F)		0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	6000.00	0000
	000.00	6000.0
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	6000.00	6000.00

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I

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	10335.00	10335.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	10335.00	10335.00
add Line 21(a)(i) and Line 21(b))	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

:97 A = G79 @ G5 B9CIG H9LH F9 @ 5 H98 HC 5 F9DCFH 2G7 < 98 I @ CF + H9A = N5 H= CB

Form/Schedule: F3XA Transaction ID :

5/28/13 -- The report was amended to correctly categorize several disbursements that were filed with incorrect election codes. Several disbursements were incorectly labled as 'general' election contributions.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

PAGE

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21

X 11a 11b 12 11c **Detailed Summary Page** 14 13 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Karla Austen Α. Date of Receipt Mailing Address 25 Carriage House La. M M / 2012 02 24 City Zip Code State Transaction ID : SA11AI.13757 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Name of Employer Occupation **MVP Health Care** EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Karla Austen Date of Receipt Mailing Address 25 Carriage House La. M M 03 09 2012 City State Zip Code Transaction ID : SA11AI.13758 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing С 60.00 federal political committee. Name of Employer Occupation **MVP Health Care** EVP, Network Management Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Karla Austen Date of Receipt Mailing Address 25 Carriage House La. M = M / 03 23 2012 City Zip Code State Transaction ID : SA11AI.13759 NY Saratoga Spgs. 12866 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation **MVP Health Care** EVP, Network Management Receipt For: Aggregate Year-to-Date V Primary General 360.00 Other (specify) 180.00 SUBTOTAL of Receipts This Page (optional).....

10.

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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21

X 11a 11b 12 11c 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Patricia Deferio Α. Date of Receipt Mailing Address 7723 Majestic Drive M M / 2012 03 23 City Zip Code State Transaction ID : SA11AI.13847 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Name of Employer Occupation MVP Regional Network Director Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Frank Fanshawe Date of Receipt Mailing Address 430 Ridgehill Road M M 03 23 2012 City State Zip Code Transaction ID : SA11AI.13866 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing С 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primarv General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place M = M / 02 24 2012 City Zip Code State Transaction ID : SA11AI.13882 NY Slingerlands 12159 Amount of Each Receipt this Period FEC ID number of contributing 60.00 С federal political committee. Name of Employer Occupation EVP, CFO MVP Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED 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 an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	al PAC						
Full Name (Last, First, Middle Initial) A. Mark Fish Mailing Address 500 Normanskill Place City Slingerlands FEC ID number of contributing federal political committee.	State NY	Zip Code 12159	Date of Receipt 03 Transaction ID : SA11AI.13883 Amount of Each Receipt this Period 60.00				
Name of Employer MVP Health Care Receipt For: ☐ Primary _ General Other (specify) ▼	Occupation EVP, CFO Aggregate	Year-to-Date ▼ 300.00					
B. Full Name (Last, First, Middle Initial) Mark Fish Mailing Address 500 Normanskill Place	Date of Receipt						
Slingerlands FEC ID number of contributing federal political committee. Name of Employer	NY C Occupation	Zip Code 12159	Amount of Each Receipt this Period				
MVP Health Care Receipt For: Primary General Other (specify)	EVP, CFO Aggregate	Year-to-Date ▼ 360.00					
Full Name (Last, First, Middle Initial) C. Dominic Galante			Date of Receipt				
Mailing Address 220 Alexander Street City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 14607 Quality Management Year-to-Date ▼ 240.00	M M M / D D / Y Y Y Y 03 23 2012 Transaction ID : SA11AI.13905 Amount of Each Receipt this Period 40.00				
SUBTOTAL of Receipts This Page (optional)		160.00				

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and S or for commercial purposes, other than using the		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal I	PAC	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 240.00 240.00	Date of Receipt 02 10 2012 Transaction ID : SA11AI.13926 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 320.00	Date of Receipt 02 24 2012 Transaction ID : SA11AI.13927 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ 400.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		240.00

TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER:

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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 Si or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal F	PAC	
Full Name (Last, First, Middle Initial) Patrick Glavey Mailing Address 165 Windemere Road City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 14610 C Occupation VP, Medicare Products Aggregate Year-to-Date ▼ 480.00	Date of Receipt 03 23 2012 Transaction ID : SA11AI.13929 Amount of Each Receipt this Period 80.00
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer, Pres. of Op Aggregate Year-to-Date ▼ 210.00	Date of Receipt
Full Name (Last, First, Middle Initial) Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12303 C Occupation EVP & Chief Legal Officer, Pres. of Op Aggregate Year-to-Date ▼ 280.00 7	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		220.00

TOTAL This Period (last page this line number only).....

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

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TEMIZED RECEIPTS		Detailed Summary Page					11c	12		
Any information copied from such Reports an						of sol				7
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa		ss of any political committee	e to sol	icit coi	ntribution	s from	n such c	ommitte	e.	
✓ Full Name (Last, First, Middle Initial) A. Denise Gonick Mailing Address 803 Via Marchella City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation EVP & Chief Le Aggregate Yea	Zip Code 12303 gal Officer, Pres. of Op r-to-Date ▼ 350.00								
Full Name (Last, First, Middle Initial) B. Denise Gonick Mailing Address 803 Via Marchella	State	Zip Code		м м 03	2	23	2	2012	Y	
City Schenectady FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: □ Primary □ General Other (specify) ▼	NY C Occupation	12303 gal Officer, Pres. of Op			action IE t of Each				00]
Full Name (Last, First, Middle Initial) C. Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NH C Occupation Vice President Aggregate Yea	Zip Code 03307 r-to-Date ▼ 240.00		02 Trans			2 11AI.13	Period	.00]
SUBTOTAL of Receipts This Page (optional)						-	220.	00	1

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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ITEMIZED RECEIPTS		Detailed Summary Page		X 11a		11b	11c		12 16	17	7
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma he name and a	L ay not be sold or used by any p ddress of any political committed	erson e to s	for the	e pu ontri	rpose o	of soliciti	ng co uch cc	ntributi	ions	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC										
Full Name (Last, First, Middle Initial) Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NH C Occupation Vice Preside Aggregate			02 Trar	M Isac	24 tion ID	4 : SA11/ Receipt	20 Al.139	-	ў 00	
Full Name (Last, First, Middle Initial) B. Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Beceint For:	State NH C Occupation Vice Preside	ent		03 Trar	M Isac	09 tion ID	9 : SA11A Receipt	AI.139	012 52	У 00	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) C. Christopher Henchey Mailing Address 144 Berry Road City Loudon FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State NH C Occupation Vice Presid]	03 Trai	M nsac			20 AI.139		_	
SUBTOTAL of Receipts This Page (optional)			▶	[]		3	7	_	240.0	00	

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SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	5	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TIEMIZED RECEIPTS	Detailed Summary Page	
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by a the name and address of any political com	any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	II PAC	
Full Name (Last, First, Middle Initial) A. David Henderson Mailing Address 1 Loudon Heights City	State Zip Code	Date of Receipt 02 24 2012 Transaction ID : SA11AI.13957
Loudonville FEC ID number of contributing federal political committee. Name of Employer	NY 12211 C Occupation	Amount of Each Receipt this Period
MVP Receipt For: Primary General Other (specify)	EVP, Sales and Marketing Aggregate Year-to-Date ▼ 240.0	0
Full Name (Last, First, Middle Initial) B. David Henderson Mailing Address 1 Loudon Heights	·	Date of Receipt
City Loudonville FEC ID number of contributing federal political committee.	State Zip Code NY 12211	Transaction ID : SA11AI.13958 Amount of Each Receipt this Period 60.00
Name of Employer MVP Receipt For: Primary General Other (specify) v	Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 300.0	0
C. Full Name (Last, First, Middle Initial) Mailing Address 1 Loudon Heights	State Zip Code	Date of Receipt 03 / 23 / 2012 Transaction ID : SA11AI.13959
Loudonville FEC ID number of contributing federal political committee. Name of Employer	NY 12211	Amount of Each Receipt this Period 60.00
MVP Receipt For: Primary General Other (specify)	Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 360.0	00
SUBTOTAL of Receipts This Page (optional)		180.00

TOTAL This Period (last page this line number only)......

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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21

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		-		1b	11c	12	
Any information copied from such Reports and						se of			
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal		ddress of any political committee	e to so	licit co	ntributi	ions 1	from suc	ו commit	itee.
Full Name (Last, First, Middle Initial) Dawn Jablonski Mailing Address 213 Hansen Ave City Albany FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼	State NY C Occupation VP of Lega Aggregate			03 Trans		23 1 ID :	SA11AI. Receipt th	nis Perioo	y d 0.00
Full Name (Last, First, Middle Initial) B. Carl Maleri Mailing Address 19 Crimson Way City Webster FEC ID number of contributing federal political committee. Name of Employer MVP Health Care Receipt For: Primary General Other (specify) ▼		Zip Code 14580 //riting and Analysis Year-to-Date ▼ 240.00		03 Trans	action	23 1 D :		nis Perioo	d 0.00
Full Name (Last, First, Middle Initial) Laurie Metheny Mailing Address 21 Joellen Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼		Zip Code 14626 ss Excellence Year-to-Date ▼ 250.00		03 Trans	sactior	09 09		nis Perioo	_
SUBTOTAL of Receipts This Page (optional)								130	0.00

TOTAL This Period (last page this line number only)......

SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

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FOR LINE NUMBER:

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PAGE 16 OF

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TEMIZED RECEIPTS	Detailed Summa		X 11a		: 12	Г		
Any information copied from such Reports or for commercial purposes, other than usi	Any information copied from such Reports and Statements may no or for commercial purposes, other than using the name and addres		erson for the to solicit	ne purpose contribution	of solicit	ing contr uch com	ributio	17 ons e.
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Fede	ral PAC							
A. Laurie Metheny Mailing Address 21 Joellen Drive City Rochester		Zip Code 14626	0: Tra		23 D : SA11		2	
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	C Occupation VP, Business Exc Aggregate Year-						50.0	0
Full Name (Last, First, Middle Initial) B. Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester		Zip Code 14624	0: Tra		09 D : SA11/		2	
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For:	C Occupation VP, Sales Aggregate Year-				7		50.00	0
Full Name (Last, First, Middle Initial) C. Tracy Tadaro-Ott Mailing Address 33 Everett Drive City Rochester FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼		Zip Code 14624 to-Date ▼ 300.00	0 Tra		23 D : SA11		2	
SUBTOTAL of Receipts This Page (option	al)						150.00	0

TOTAL This Period (last page this line number only)......

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1860.00

1. ALC: NO.

	CHEDULE B (FEC Form 3X)			FC)R I I	LINE NUMBER: PAGE 17 OF 21										
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			neck	only one)										
			Summary Page		2	1b 7	22 28a	•••	23 28b	24	,	25 29	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nam				any p	ersor	n for the	purp	ose o	f solicit	ing co	ntribut	ions			
\square	NAME OF COMMITTEE (In Full)	_														
	MVP Health Care Inc. Federal PAC	C														
-	Full Name (Last, First, Middle Initial)	`					Date o	f Dick		mont						
А.	CHRIS GIBSON FOR CONGRESS	5							D		Y Y	Y	Y			
	Mailing Address PO BOX 234						03		01			012				
	City SARATOGA SPRINGS	State NY	Zip Code 12866				Transaction ID : SB23.14470									
	Purpose of Disbursement															
	Candidate Name				11	Ц.	Amoun	t of E	ach I	Disburs	ement	t this I	Period			
	CHRIS GIBSON FOR CONGRESS	S			gory/ pe							1000	.00			
		ment For:	2012	,	1			,	/	,						
	Senate	Primary	General													
	State: District:	Other (sp	ecity) 🔻													
	Full Name (Last, First, Middle Initial)															
В.	FRIENDS OF NAN HAYWORTH						Date o	f Dist	oursei	ment						
	Martha Addisor and an annual					_	M M	/	D			Y	Y			
	Mailing Address P.O. BOX 394						02		23	3	2	012				
	FISHKILL	State NY	Zip Code 12524				Trans	sactio	on ID	: SB23	14469)				
	Purpose of Disbursement Contribution			0	11	11	Amoun	t of E	Each	Disburs	ement	t this I	Period			
	Candidate Name			Cate	gory/	١.		-								
	FRIENDS OF NAN HAYWORTH				pe				,			2000	.00			
		nent For:														
		Primary	General													
	President	Other (sp	ecify)													
	State: NY District: 19	Other (sp	ecify) ▼													
_	State: NY District: 19 Full Name (Last, First, Middle Initial)	Other (sp	ecify) ▼				Data									
_	State: NY District: 19	Other (sp	ecify) ▼				Date o	_								
C.	State: NY District: 19 Full Name (Last, First, Middle Initial)	Other (sp	ecify) ▼				Date or	_	oursei 23	D /		012	Ŷ			
C.	State: NY District: 19 Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202 City	State	Zip Code				02	/	23	D /	_2	012	Y			
C.	State: NY District: 19 Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202			_			02	/	23	D / 3	_2	012	Y			
C.	State: NY District: 19 Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution	State	Zip Code	0,	11		02 Trans	/ sactio	23 on ID	D / 3	20 14468	012 3				
C.	State: NY District: 19 Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name	State	Zip Code	Cate	gory/		02 Trans	/ sactio	23 on ID	3 / : SB23.	20 14468	012 3 t this f	Period			
C.	State: NY District: 19 Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN	State WV	Zip Code 25361	Cate	-]	02 Trans	/ sactio	23 on ID	3 / : SB23.	20 14468	012 3	Period			
C.	State: NY District: 19 Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN	State	Zip Code 25361	Cate	gory/]	02 Trans	/ sactio	23 on ID	3 / : SB23.	20 14468	012 3 t this f	Period			
C.	State: NY District: 19 Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN Office Sought: House Disburser	State WV ment For:	Zip Code 25361 2012 X General	Cate	gory/]	02 Trans	/ sactio	23 on ID	3 / : SB23.	20 14468	012 3 t this f	Period			
C.	State: NY District: 19 Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN Office Sought: House Disburser	State WV ment For: Primary	Zip Code 25361 2012 X General	Cate	gory/		02 Trans	/ sactio	23 on ID	3 / : SB23.	20 14468	012 3 t this f	Period			
 c.	State: NY District: 19 Full Name (Last, First, Middle Initial) MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN Office Sought: House President	State WV ment For: Primary Other (sp	Zip Code 25361 2012 Z012 General ecify)	Cate Ty	gory/ pe		02 Trans	/ sactio	23 on ID	3 / : SB23.	20 14468	012 3 t this f	Period .00			

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: SB23 Transaction ID : SB23.14470

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a contribution to the 2012 primary.

Form/Schedule: SB23 Transaction ID: SB23.14469

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a contribution to the 2012 primary.

SCHEDULE B (FEC Form 3X)		FO	RII		NE NUMBER: PAGE 19 OF 21									
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		eck	only o	lly one)									
	Detailed Summary Page			21b 27	22 28a	<u> </u>	23 28b	24	.	25 29	26 30b			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			any p	persor	for the	purpo	ose o	f soliciti	ng co	ontribu	tions			
NAME OF COMMITTEE (In Full)														
$ $ \rangle MVP Health Care Inc. Federal PAC														
Full Name (Last, First, Middle Initial)														
A. TOM REED FOR CONGRESS					Date of	Disb	ourser	ment						
Mailing Address PO BOX 450						02 02 VYYYY 02 02 02 2012								
City State Zip Code						actio	n ID	SB23.	14464	1				
VICTOR Purpose of Disbursement	NY 14564				Trans	40110		. 0020.	1440-	•				
Contribution		01	1		Amount	of E	Each I	Disburs	emen	t this	Period			
	Category/									2000	00			
THOMAS W II REED Office Sought: X House Disbursen	nent For: 2012	Ту	pe		_					2000				
Senate X	Primary General Other (specify)													
State: NY District: 29														
Full Name (Last, First, Middle Initial)					Data af									
В.					Date of	Disc	burser		VV	Y	V			
Mailing Address						1	0		Y Y	Ŷ	Y			
City 5	State Zip Code													
Purpose of Disbursement		_	-											
Candidate Name		L.			Amount of Each Disbursement this Period									
		Cateo Typ		/	L.				_					
Office Sought: House Disbursen	nent For:													
	Primary General Other (specify) ▼													
State: District:														
Full Name (Last, First, Middle Initial)														
C.					Date of	Dist								
Mailing Address						M M / D D / Y Y Y Y								
City	State Zip Code								_					
Purpose of Disbursement					Amount of Each Disbursement this Period									
Candidate Name		Cateo Typ	gory. pe	/										
Office Sought: House Disbursen								,						
	Primary General Other (specify)													
State: District:														
					_	-	-		-	0000				
SUBTOTAL of Disbursements This Page (optional)										2000	.00			
TOTAL This Period (last page this line number only)										6000	.00			

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: SB23 Transaction ID : SB23.14464

5/28/13 -- Contribution was incorrectly labled as a general election contribution. I've reclassified this correctly as a contribution to the 2012 primary.

Form/Schedule: Transaction ID:

Image# 13940770881		
SCHEDULE D (FEC Form 3X)	(1)	PAGE 21 OF 21
DEBTS AND OBLIGATIONS	(Use separate schedule(s)	FOR LINE NUMBER:
Excluding Loans	for each	(check only one) 9
	numbered line)	X 10
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC		
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		ebt (Purpose):
Deluxe Business Checks	Check Print	ing
Mailing Address P.O. Box 742572		
101111119 Address P.O. Box 742572		
City State Zip Code		
Cincinnati OH 45274		
Outstanding Balance Beginning This Period	Transactio	on ID : SD10.4163
145.00		
Amount Incurred This Period Payment This Period	Outstandin	g Balance at Close of This Period
0.00	0.00	145.00
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Naturo of D	ebt (Purpose):
Media Well Done	Advertising	ebi (Fulpose).
Mailing Address 96 Jay Street		
City State Zip Code		
City State Zip Code Schenectady NY 12305		
	Troucost	
Outstanding Balance Beginning This Period	Transacti	ion ID : SD10.4165
338.00		
Amount Incurred This Period Payment This Period	Outstandin	g Balance at Close of This Period
0.00	0.00	338.00
		J
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of De	ebt (Purpose):
Mailing Address		
City State Zip Code		
Outstanding Balance Beginning This Period		
Amount Incurred This Period Payment This Period	Outstandin	g Balance at Close of This Period
	Guistandin	
		7
1) SUBTOTALS This Period This Page (optional)	•	483.00
2) TOTALS This Period (last page this line number only)	►	483.00
		0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	····· ►	7 7 7
		483.00