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Image# 12970871945

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**

	For Other Than An Aut	nonzea Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
MVP Health Care Inc.	Federal PAC		
ADDRESS (number and street)	625 State Street		
Check if different			
than previously reported. (ACC)	Schenectady		NY 12305 - L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. FEC IDENTIFICATION N	UMBER ▼ CIT	TY A	STATE ▲ ZIP CODE ▲
C C00431429		S THIS NEW (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (N	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	· 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q1)	20 (M4) Jul 20 (M	
July 15 Quarterly Report (O2) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE) Election	on on	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Repor (TER)	t Electic	on on	in the State of
5. Covering Period 0		through 03	
I certify that I have examined t	his Report and to the best of	my knowledge and belief it is	s true, correct and complete.
Type or Print Name of Treasure	er Mr. Frank Fanshawe		
Signature of Treasurer Mr.	Frank Fanshawe	[Electronically Filed]	Date 04 11 2012
NOTE: Submission of false, error	neous, or incomplete information	n may subject the person signir	ng this Report to the penalties of 2 U.S.C. §437g.
Office Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
MVP Health Care Inc. Federal PAG	C	
Report Covering the Period: From:	01 01 2012	To: 03 31 / 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 multical	andidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ľ	M۱	/P	Health	Care	Inc	Federal	PAC
1	V١	vı	i icaiui	Care	IIIU.	ı cucıaı	$I \wedge C$

Report Covering the Period: From: 01	/ D D / Y Y Y Y Y TO:	03 31 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	1860.00	1860.00
(i) Itemized (use Schedule A)	7 7 7 7	
(ii) Unitemized(iii) TOTAL (add	8475.00	8475.00
Lines 11(a)(i) and (ii)▶	10335.00	10335.00
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(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) 12. Transfers From Affiliated/Other	10335.00	10335.00
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
(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
(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
10. Total Pagginta (add Lines 11/d)		
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

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	I. Disbursements COLUMN A Total This Period			
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non Fodoval Chave	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	6000.00	6000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use defication)	7			
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
F				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees		0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
F. J. J. Fl. 17. A 17. 71. (0.11.0.0.0.404/00))	, ,	,		
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		222		
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	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	6000.00		
	7			
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	2000.00	000000		
from Line 31)	6000.00	6000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

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

FOR LINE NUMBER:					PAGE		6	OF		18	
	(check only one)										
	X	11a		11b		11c		12	2		
		13		14		15		16	6		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federa	I PAC	
Full Name (Last, First, Middle Initial) Karla Austen Mailing Address 157 Old Hyde Road		Date of Receipt
		02 24 2012
City	State Zip Code CT 06883	Transaction ID : SA11AI.13757
Weston	U0003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	Corporate VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Karla Austen		Date of Receipt
Mailing Address 157 Old Hyde Road	j	03 09 2012
City	State Zip Code	03 09 2012 Transaction ID : SA11AI.13758
Weston	CT 06883	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	
MVP Health Care, Inc.	Corporate VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Karla Austen		Date of Receipt
Mailing Address 157 Old Hyde Road		03 23 2012
City Weston	State Zip Code CT 06883	Transaction ID : SA11AI.13759
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer	Occupation	1
MVP Health Care, Inc.	Corporate VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	360.00	
SUBTOTAL of Receipts This Page (optional).	>	180.00
TOTAL This Period (last page this line number	per only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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13 14 15 16 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 Date of Receipt Mailing Address 7723 Majestic Drive 2012 03 23 City State Zip Code Transaction ID: SA11AI.13847 NY Liverpool 13090 Amount of Each Receipt this Period FEC ID number of contributing C 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 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 40.00 federal political committee. Name of Employer Occupation MVP Treasurer Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark Fish Date of Receipt Mailing Address 500 Normanskill Place 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 Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 140.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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

FO	PAGE		8	OF		18				
(check only one)										
×	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	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal P	Δ.	
/ IVIVE FEGERAL P	AU	
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Place		03
City	State Zip Code	Transaction ID: SA11AI.13883
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	
MVP	EVP, CFO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) Mark Fish		Date of Receipt
Mailing Address 500 Normanskill Place		03 23 2012
City	State Zip Code	Transaction ID : SA11AI.13884
Slingerlands	NY 12159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	60.00
Name of Employer	Occupation	
MVP	EVP, CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name (Last, First, Middle Initial) C. Dominic Galante		Date of Receipt
Mailing Address 220 Alexander Street		03 23 2012
City	State Zip Code	Transaction ID : SA11AI.13905
Rochester	NY 14607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer	Occupation	
MVP Health Care	VP Medical Quality Management	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	240.00	
SUBTOTAL of Receipts This Page (optional)	•	160.00
TOTAL This Period (last page this line number of	·	

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for each category of the Detailed Summary Page 14 13 15 16 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) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2012 10 City Zip Code State Transaction ID: SA11AI.13926 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 02 24 2012 City State Zip Code Transaction ID: SA11AI.13927 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 09 03 2012 City Zip Code State Transaction ID: SA11AI.13928 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation VP, Medicare Products MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 10 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 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) Patrick Glavey Date of Receipt Mailing Address 165 Windemere Road 2012 03 23 City Zip Code State Transaction ID: SA11AI.13929 NY Rochester 14610 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP VP, Medicare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 02 10 2012 City State Zip Code Transaction ID: SA11AI.13932 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 02 24 2012 City Zip Code State Transaction ID: SA11AI.13933 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing 70.00 С federal political committee. Name of Employer Occupation **EVP & Chief Legal Officer** MVP Health Care, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 280.00 Other (specify) 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 11 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck onl 11a 13	y or	ne) 11b 14	11c 15	12 16	17
ny information copied from such Reports and Statements mar r for commercial purposes, other than using the name and a	, , , ,					_		

0 NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC Full Name (Last, First, Middle Initial) Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 03 09 2012 City State Zip Code Transaction ID: SA11AI.13934 NY Schenectady 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) B. Denise Gonick Date of Receipt Mailing Address 803 Via Marchella 03 23 2012 City State Zip Code Transaction ID: SA11AI.13935 Schenectady NY 12303 Amount of Each Receipt this Period FEC ID number of contributing C 70.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. **EVP & Chief Legal Officer** Receipt For: Aggregate Year-to-Date ▼ Primary General 420.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road M M / 02 10 2012 Zip Code City State Transaction ID: SA11AI.13950 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 240.00 220.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 2012 24 City Zip Code State Transaction ID: SA11AI.13951 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing C 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 320.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 03 09 2012 City State Zip Code Transaction ID: SA11AI.13952 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 federal political committee. Name of Employer Occupation MVP Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Christopher Henchey Date of Receipt Mailing Address 144 Berry Road 03 23 2012 City Zip Code State Transaction ID: SA11AI.13953 NH Loudon 03307 Amount of Each Receipt this Period FEC ID number of contributing 80.00 С federal political committee. Name of Employer Occupation Vice President MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 480.00 Other (specify) 240.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

	FOR LIN	e numbei	R:	PAGE	: 1	3 (IJ⊢
Use separate schedule(s)	(check or	nly one)					
for each category of the Detailed Summary Page	X 11a	11b		11c		12	
	13	14		15		16	Г

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal	PAC	
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights City Loudonville	State Zip Code NY 12211	Date of Receipt 02 24 2012 Transaction ID : SA11AI.13957 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify)	Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 240.00	60.00
Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights City	State Zip Code NY 12211	Date of Receipt 03 09 2012 Transaction ID: SA11AI.13958
Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General	Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 60.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) David Henderson Mailing Address 1 Loudon Heights	300.00	Date of Receipt 03 23 2012
City Loudonville FEC ID number of contributing federal political committee. Name of Employer MVP Receipt For: Primary General Other (specify) ▼	State Zip Code NY 12211 C Occupation EVP, Sales and Marketing Aggregate Year-to-Date ▼ 360.00	Transaction ID : SA11AI.13959 Amount of Each Receipt this Period 60.00
SUBTOTAL of Receipts This Page (optional).	•	180.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 14 OF 18 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 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) Dawn Jablonski Date of Receipt Mailing Address 213 Hansen Ave 2012 03 23 City Zip Code State Transaction ID: SA11AI.14007 NY Albany 12208 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer Occupation MVP Health Care VP of Legal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. Carl Maleri Date of Receipt Mailing Address 19 Crimson Way 03 23 2012 City State Zip Code Transaction ID: SA11AI.14118 NY Webster 14580 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Name of Employer Occupation MVP Health Care, Inc. VP, Underwriting and Analysis Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) c. Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 09 03 2012 City Zip Code State Transaction ID: SA11AI.14141 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation VP, Business Excellence MVP Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 130.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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14 13 15 16 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) Laurie Metheny Date of Receipt Mailing Address 21 Joellen Drive 2012 03 23 City Zip Code State Transaction ID: SA11AI.14142 NY Rochester 14626 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation MVP VP, Business Excellence Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 03 09 2012 City State Zip Code Transaction ID: SA11AI.14341 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Tracy Tadaro-Ott Date of Receipt Mailing Address 33 Everett Drive 03 23 2012 City Zip Code State Transaction ID: SA11AI.14342 NY Rochester 14624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation MVP VP, Sales Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... 1860.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	lles sements selectivis	FOR LINE	NUMBER: PAGE 16 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(criccit offiny	•
	Detailed Summary Pag		22 X 23 24 25 26 28a 28b 28c 29 30b
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 P	AC		
/ WIVE FICURE GATE INC. I COCIAIT	710		
Full Name (Last, First, Middle Initial)			
A. CHRIS P GIBSON			Date of Disbursement
Mailing Address DO Day 542			03 01 2012
Mailing Address PO Box 543			03 01 2012
City	State Zip Code		
Kinderhook	NY 12106		Transaction ID : SB23.14470
Purpose of Disbursement			
		011	Amount of Each Disbursement this Period
Candidate Name CHRIS GIBSON FOR CONGRE	cc	Category/	1000.00
	rsement For: 2012	Туре	
Senate	Primary Senera	ıl	
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
B. HAYWORTH, NAN			Date of Disbursement
<u> </u>			M = M / D = D / Y = Y = Y
Mailing Address 51 Gleneida Avenue			02 23 2012
City	State Zip Code		
Carmel	NY 10512		Transaction ID : SB23.14469
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Contribution Candidate Name		Category/	
Contribution Candidate Name FRIENDS OF NAN HAYWORTH			Amount of Each Disbursement this Period 2000.00
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: House Disbu	sement For: 2012	Category/ Type	
Contribution Candidate Name FRIENDS OF NAN HAYWORTH	rsement For: 2012 Primary Genera	Category/ Type	
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: House Disbu	sement For: 2012	Category/ Type	
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: House Senate President President	rsement For: 2012 Primary Genera	Category/ Type	
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY District: 19	rsement For: 2012 Primary	Category/ Type	
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: House Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI	rsement For: 2012 Primary	Category/ Type	Date of Disbursement
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: House Senate President State: NY District: 19 Full Name (Last, First, Middle Initial)	rsement For: 2012 Primary	Category/ Type	Date of Disbursement
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202	Primary Genera Other (specify)	Category/ Type	Date of Disbursement
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: House Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI	rsement For: 2012 Primary	Category/ Type	Date of Disbursement
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement	Primary Genera Other (specify) A State Zip Code	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: House Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution	Primary Genera Other (specify) A State Zip Code	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name	Primary Genera Other (specify) A State Zip Code	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN	Primary	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN Office Sought: House Disbu	Primary General Other (specify) ▼ State Zip Code WV 25361	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN	Primary General Other (specify) ▼ State Zip Code WV 25361 Sement For: 2012 Primary General	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN Office Sought: House Senate	Primary General Other (specify) ▼ State Zip Code WV 25361	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN Office Sought: House President Senate President	Primary General Other (specify) ▼ State Zip Code WV 25361 Sement For: 2012 Primary General	Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN Office Sought: House President Senate President	Primary General Other (specify) State Zip Code WV 25361 Sement For: 2012 Primary General Other (specify) General Other (specify) General Other (specify) Other (specify) Other (specify)	Category/ Type 011 Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Contribution Candidate Name FRIENDS OF NAN HAYWORTH Office Sought: Senate President State: NY District: 19 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINI Mailing Address PO BOX 5202 City CHARLESTON Purpose of Disbursement Contribution Candidate Name JOE III MANCHIN Office Sought: House Senate President State: WV District: 00	Primary General Other (specify) State Zip Code WV 25361 Sement For: 2012 Primary General Ge	Category/ Type 011 Category/ Type	Date of Disbursement M M M / P D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 17 OF	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		
Any information copied from such Reports and Staten or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) MVP Health Care Inc. Federal PAC	<u> </u>			
Full Name (Last, First, Middle Initial) TOM REED FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 450			02 02 7 2012	
VICTOR	State Zip Code NY 14564		Transaction ID : SB23.14464	
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period	
Candidate Name THOMAS W II REED Office Sought:	nent For: 2012	Category/ Type	2000.00	
Senate	Primary			
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement	
Mailing Address			M = M / D = D / Y = Y = Y	
City	State Zip Code			
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period	
Office Sought: House Disbursen	nent For:	Category/ Type		
Senate	Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y Y	
City	State Zip Code			
Purpose of Disbursement Candidate Name	Category/	Amount of Each Disbursement this Period		
Office Sought: House Disbursen Senate	nent For: Primary General	Type		
State: President District:	Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)			2000.00	
TOTAL This Period (last page this line number only)			6000.00	

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 18 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

18

M	ME OF COMMITTEE (In Full) VP Health Care Inc. Federal PAC		·	
	A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Deluxe Business Checks			Nature of Debt (Purpose): Check Printing
	Mailing Address P.O. Box 742572			
	City State Cincinnati	Zip Code OH	45274	
	Outstanding Balance Beginning This Period			Transaction ID : SD10.4163
	145.00			
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	145.00
	B. Full Name (Last, First, Middle Initial) of Debtor Media Well Done	or Creditor		Nature of Debt (Purpose): Advertising
	Mailing Address 96 Jay Street			
	City State	Zip Code		
-	Schenectady	NY	12305	
	Outstanding Balance Beginning This Period 338.00			Transaction ID: SD10.4165
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
	0.00		0.00	338.00
	C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
	Mailing Address			
	City	State	Zip Code	_
	Outstanding Balance Beginning This Period			
	Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
	7 7 7	1 7		
1)	SUBTOTALS This Period This Page (optional)		>	483.00
2)	2) TOTALS This Period (last page this line number only)		483.00	
3)	3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)			0.00
4)	4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		483.00	