



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Coventry Health Care Inc - First Health Group PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		141637.52
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	135425.26									
(c) Total Receipts (from Line 19) .....	1593.48	4935.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	137018.74	146572.96								
7. Total Disbursements (from Line 31) .....	2517.38	12071.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	134501.36	134501.36								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

Report Covering the Period: From:    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) .....	829.40	1153.10
(ii) Unitemized .....	764.08	3782.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1593.48	4935.44
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1593.48	4935.44
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made 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)) .....	1593.48	4935.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1593.48	4935.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	17.38	71.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	17.38	71.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	12000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2517.38	12071.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2517.38	12071.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	1593.48	4935.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1593.48	4935.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17.38	71.60
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17.38	71.60

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)  
 11a    11b    11c    12  
 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)  
Coventry Health Care Inc - First Health Group PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Bahr</p> <p>Mailing Address 4669 W. Vista Drive</p> <p>City Highland State UT Zip Code 84003</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Coventry Health Care Inc. Occupation Manager</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 05 / 2010</span></p> <p><b>Transaction ID:</b> A2010-606969</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Bahr</p> <p>Mailing Address 4669 W. Vista Drive</p> <p>City Highland State UT Zip Code 84003</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Coventry Health Care Inc. Occupation Manager</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 19 / 2010</span></p> <p><b>Transaction ID:</b> A2010-607000</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Edward Borovatz</p> <p>Mailing Address 14742 Rolling Spring Drive Apt #207-5</p> <p>City Midlothian State VA Zip Code 23114</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Coventry Health Care Inc. Occupation Vice President</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">210.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 19 / 2010</span></p> <p><b>Transaction ID:</b> A2010-606984</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">35.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">135.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

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

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

FOR LINE NUMBER: PAGE 8 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Coventry Health Care Inc - First Health Group PAC

**A.** Full Name (Last, First, Middle Initial)  
Brain Britt

Mailing Address 330 West Meadow Drive

City Mechanicsburg State PA Zip Code 17055

FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 19 / 2010

**Transaction ID:** A2010-607001

Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 03 / 05 / 2010

**Transaction ID:** A2010-606974

Amount of Each Receipt this Period 58.00

**C.** Full Name (Last, First, Middle Initial)  
Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

Date of Receipt 03 / 19 / 2010

**Transaction ID:** A2010-607005

Amount of Each Receipt this Period 58.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 156.00

**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 9 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Coventry Health Care Inc - First Health Group PAC

**A.** Full Name (Last, First, Middle Initial)  
Janet Hamner  
Mailing Address 10219 Pemcrest  
City San Antonio State TX Zip Code 78240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 234.00  
Date of Receipt 03 / 19 / 2010  
Transaction ID: A2010-607006  
Amount of Each Receipt this Period 39.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Kurzendoerfer  
Mailing Address 5104 Remington Road  
City San Diego State CA Zip Code 92115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00  
Date of Receipt 03 / 05 / 2010  
Transaction ID: A2010-606960  
Amount of Each Receipt this Period 75.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Kurzendoerfer  
Mailing Address 5104 Remington Road  
City San Diego State CA Zip Code 92115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 03 / 19 / 2010  
Transaction ID: A2010-606991  
Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 189.00  
**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: (check only one)	PAGE 10 / 14		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Coventry Health Care Inc - First Health Group PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Louise Osborne		Date of Receipt	
	Mailing Address 234 Overbrook Road		M M / D D / Y Y Y Y Y 03 / 05 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-606971
	Valencia	PA	16059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		58.00	
Name of Employer Coventry Health Care Inc.		Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Louise Osborne		Date of Receipt	
	Mailing Address 234 Overbrook Road		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-607002
	Valencia	PA	16059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		58.00	
Name of Employer Coventry Health Care Inc.		Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 348.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dennis Roth		Date of Receipt	
	Mailing Address 5393 Bothe Avenue		M M / D D / Y Y Y Y Y 03 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> A2010-606982
	San Diego	CA	92122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		40.00	
Name of Employer Coventry Health Care Inc.		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	156.00
<b>TOTAL</b> 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 11 / 14  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Melissa Schooley

Mailing Address 2920 Second St. North  
Suite 450

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-606989

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)  
Ann Stoepelwerth

Mailing Address 4360 S. Victor Avenue

City State Zip Code  
Tulsa OK 74105

FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2010

**Transaction ID:** A2010-607004

Amount of Each Receipt this Period  
38.00

**C.**

Full Name (Last, First, Middle Initial)  
Ernest Wells, Jr.

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code  
Chicago IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.50

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2010

**Transaction ID:** A2010-606950

Amount of Each Receipt this Period  
57.70

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.70**

**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 12 / 14	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Coventry Health Care Inc - First Health Group PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ernest Wells, Jr.		Date of Receipt																					
	Mailing Address 2107 N. Magnolia Ave.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	9		2	0	1	0														
	City	State	Zip Code	<b>Transaction ID:</b> A2010-606980																				
	Chicago	IL	60614	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	57.70																					
Name of Employer Coventry Health Care Inc.		Occupation Manager																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	346.20																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	57.70
<b>TOTAL</b> This Period (last page this line number only) .....	829.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 13 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Coventry Health Care Inc - First Health Group PAC

A.	Full Name (Last, First, Middle Initial) Orrinpac	Transaction ID: B317422 Date of Disbursement 03 / 03 / 2010
	Mailing Address 6510 Anna Maria Court	Amount of Each Disbursement this Period 2500.00
	City McLean State VA Zip Code 22101	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc	Transaction ID: B317420 Date of Disbursement 02 / 23 / 2010
	Mailing Address 175 SW Temple Suite 650	Amount of Each Disbursement this Period 2500.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement Contribution Candidate Name Robert F Bennett	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**  
As disclosed in 2009 March Monthly Report

C.	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc	Transaction ID: B317423 Date of Disbursement 02 / 23 / 2010
	Mailing Address 175 SW Temple Suite 650	Amount of Each Disbursement this Period 2500.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement Contribution Candidate Name Robert F Bennett	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**[MEMO ITEM]**  
Redesignation of above contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)  
Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial)  
Friends of Jake Corman

Mailing Address 270 Edward Drive

City Bellefonte State PA Zip Code 16823

Purpose of Disbursement  
P-2010 State Senate 34 PA

Candidate Name  
Jacob D Corman

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B296399  
Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

-500.00

Voided: Original check da-  
ted 10/23/2009

B.

Full Name (Last, First, Middle Initial)  
Friends of Jake Corman

Mailing Address 270 Edward Drive

City Bellefonte State PA Zip Code 16823

Purpose of Disbursement  
P-2010 State Senate 34 PA

Candidate Name  
Jacob D Corman

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: B326050  
Date of Disbursement

03 / 19 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶

0.00

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

0.00