

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Wellcare Health Plans, Inc. Good Government Fund

ADDRESS (number and street) 8725 Henderson Road
Ren One - 3rd floor
 Check if different than previously reported. (ACC)
tampa FL 33634

2. **FEC IDENTIFICATION NUMBER** C00390575
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIPCODE

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2006 through 06 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer david smith

Signature of Treasurer Electronically Filed by david smith Date 07 14 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Wellcare Health Plans, Inc. Good Government Fund

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		2684.73
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	40541.21									
(c) Total Receipts (from Line 19)	30856.16	73712.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	71397.37	76397.37								
7. Total Disbursements (from Line 31)	26000.00	31000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45397.37	45397.37								
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)	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**

Write or Type Committee Name
Wellcare Health Plans, Inc. Good Government Fund

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	27388.62	61427.54
(i) Itemized (use Schedule A)	3467.54	12285.10
(ii) Unitemized	30856.16	73712.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30856.16	73712.64
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))	30856.16	73712.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30856.16	73712.64

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	31000.00
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))..	26000.00	31000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26000.00	31000.00

DETAILED SUMMARY PAGE
of Disbursements

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)	30856.16	73712.64
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30856.16	73712.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<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	

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)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. gregory alexander		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 12243 Pebblepointe Pass		Transaction ID: SA11A1.4671	
City Carmel	State IN	Zip Code 46033	Amount of Each Receipt this Period 175.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. john burke		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 2 courtney lane		Transaction ID: SA11A1.4681	
City breezy pt	State NY	Zip Code 11697	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. richard campagna		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 3452 Marlinspike Dr		Transaction ID: SA11A1.4683	
City Tampa	State FL	Zip Code 33607	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) ▶	1575.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 7 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
peter clay

Mailing Address 19001 Pommard Ct.

City State Zip Code
Lutz FL 33558

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

Name of Employer wellcare Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4685

Amount of Each Receipt this Period
875.00

B. Full Name (Last, First, Middle Initial)
michael cotton

Mailing Address 6905 Adden Brook Blvd

City State Zip Code
New Albany OH 43054

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

Name of Employer wellcare Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4689

Amount of Each Receipt this Period
700.00

C. Full Name (Last, First, Middle Initial)
robert currie

Mailing Address 88 East 89th Place

City State Zip Code
Chicago IL 60619-6607

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

Name of Employer wellcare Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4690

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional) ► **2275.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<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)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. william davis		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 4333 Cheval Blvd		Transaction ID: SA11A1.4691	
City Lutz	State FL	Zip Code 33558	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) B. gretchen demartini		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 2568 frisco dr		Transaction ID: SA11A1.4692	
City clearwater	State FL	Zip Code 33761	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. robert diaz		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 30 Aldine Ave		Transaction ID: SA11A1.4694	
City Brooklawn	State CT	Zip Code 06604	Amount of Each Receipt this Period 194.44
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1594.44
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. enrique diaz-granados		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 7105 Dornough Ln		Transaction ID: SA11A1.4695	
City Bradenton	State FL	Amount of Each Receipt this Period 600.00	
Zip Code 34202			
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. john dipalma		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 10744 Plantation Bay Dr		Transaction ID: SA11A1.4693	
City Tampa	State FL	Amount of Each Receipt this Period 700.00	
Zip Code 33647			
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. john esslinger		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 8202 solano bay loop #322		Transaction ID: SA11A1.4696	
City tampa	State FL	Amount of Each Receipt this Period 700.00	
Zip Code 33635			
FEC ID number of contributing federal political committee. C			
Name of Employer Comprehensive Health Managemen	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 19
	(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)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial) michael evans Mailing Address 1223 Oxbridge Dr. City State Zip Code Lutz FL 33549 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 Transaction ID: SA11A1.4697 Amount of Each Receipt this Period 700.00
Name of Employer wellcare Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		

B. Full Name (Last, First, Middle Initial) daniel geary Mailing Address 109 Brent Cr City State Zip Code Oldsmar FL 34677 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 Transaction ID: SA11A1.4703 Amount of Each Receipt this Period 700.00
Name of Employer wellcare Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00		

C. Full Name (Last, First, Middle Initial) tanya hillary Mailing Address 4109 empedrado st City State Zip Code tampa FL 33629 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006 Transaction ID: SA11A1.4710 Amount of Each Receipt this Period 194.44
Name of Employer wellcare Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	1594.44
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. william kale		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 4937 Turtle Creek Trail		Transaction ID: SA11A1.4715	
City oldsmar	State FL	Zip Code 34677	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer Comprehensive Health Management	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) B. gus keriazes		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 11401 tullamore st		Transaction ID: SA11A1.4716	
City temple terrace	State FL	Zip Code 33617	Amount of Each Receipt this Period 777.76
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. keith kudla		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1755 W Surf St		Transaction ID: SA11A1.4718	
City Chicago	State IL	Zip Code 60657	Amount of Each Receipt this Period 1400.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

SUBTOTAL of Receipts This Page (optional) ▶	2877.76
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. adam miller		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 8735 Henderson Rd		Transaction ID: SA11A1.4720
City Tampa State FL Zip Code 33634	Amount of Each Receipt this Period 1400.00	
FEC ID number of contributing federal political committee. C		
Name of Employer wellcare Occupation	Aggregate Year-to-Date ▼ 1800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. marc ryan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 21142 Sky Vista Dr.		Transaction ID: SA11A1.4729
City Land O'Lakes State FL Zip Code 34637	Amount of Each Receipt this Period 700.00	
FEC ID number of contributing federal political committee. C		
Name of Employer wellcare Occupation	Aggregate Year-to-Date ▼ 900.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. imtiaz h sattaar		Date of Receipt M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 6
Mailing Address 17908 bimini Isle Ct		Transaction ID: SA11A1.4730
City tampa State FL Zip Code 33607	Amount of Each Receipt this Period 2450.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Comprehensive Health Managemen Occupation manager	Aggregate Year-to-Date ▼ 3150.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	4550.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 13 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
eric sause

Mailing Address 16609 Blenheim Dr.

City State Zip Code
Lutz FL 33549

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

Name of Employer wellcare Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4731

Amount of Each Receipt this Period
175.00

B. Full Name (Last, First, Middle Initial)
heath schiesser

Mailing Address 5416 avenue simone

City State Zip Code
lutz FL 33558

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

Name of Employer wellcare Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4732

Amount of Each Receipt this Period
2333.32

C. Full Name (Last, First, Middle Initial)
lou sessa

Mailing Address 7916 48th pl e

City State Zip Code
bradenton FL 34203

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

Name of Employer wellcare Occupation manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4734

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional) ► **3108.32**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 19		
	<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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. jack shoemaker		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 14 levelwind ct		Transaction ID: SA11A1.4736	
City greensboro	State FL	Zip Code 27455	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) B. david smith		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 12503 clendenning dr		Transaction ID: SA11A1.4739	
City tampa	State FL	Zip Code 33618	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. william white		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006	
Mailing Address 1943 floresta view dr		Transaction ID: SA11A1.4744	
City tampa	State FL	Zip Code 33618	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 19
	<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)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
david wilcox

Mailing Address 57 Highwood Dr.

City State Zip Code
South Glastonbury CT 06073

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

Name of Employer wellcare Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.4745

Amount of Each Receipt this Period
700.00

B. Full Name (Last, First, Middle Initial)
diane wilkosz

Mailing Address 2065 iowa ave ne

City State Zip Code
st petersburg FL 33703

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

Name of Employer wellcare Occupation
manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
813.66

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.4746

Amount of Each Receipt this Period
813.66

C. Full Name (Last, First, Middle Initial)
sheryl wright

Mailing Address 3612 Little Rd

City State Zip Code
Lutz FL 33548

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

Name of Employer wellcare Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2006

Transaction ID: SA11A1.4747

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional)	▶	2213.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. bruce young		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 3931 Littlestone Cir		Transaction ID: SA11A1.4748	
City Naperville	State IL	Zip Code 60564	Amount of Each Receipt this Period 1400.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

Full Name (Last, First, Middle Initial) B. don zhang		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 10909 Blackburn Path Ct.		Transaction ID: SA11A1.4751	
City Tampa	State FL	Zip Code 33626	Amount of Each Receipt this Period 700.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. randall zomermaand		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 0 6	
Mailing Address 105 s bermuda ave		Transaction ID: SA11A1.4752	
City tampa	State FL	Zip Code 33606	Amount of Each Receipt this Period 1400.00
FEC ID number of contributing federal political committee. C			
Name of Employer wellcare	Occupation manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00		

SUBTOTAL of Receipts This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	27388.62

**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 17 / 19

<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)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. BILIRAKIS FOR CONGRESS		Transaction ID: SB23.4753 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 610 S BOULEVARD		Amount of Each Disbursement this Period 2000.00
City TAMPA State FL Zip Code 33606	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name BILIRAKIS FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. HATCH ELECTION COMMITTEE		Transaction ID: SB23.4764 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1500.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name HATCH ELECTION COMMITTEE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. JOHNSON FOR CONGRESS COMM		Transaction ID: SB23.4761 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 6
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 5000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement <input type="checkbox"/> Category/Type	
Candidate Name JOHNSON FOR CONGRESS COMM		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	_____

**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)

<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)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial) A. NRCC		Transaction ID: SB23.4767 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 320 First Street		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NRCC		Transaction ID: SB23.4768 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 320 First Street		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TALENT FOR SENATE COMMITTEE		Transaction ID: SB23.4763 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 6
Mailing Address 147 N Meramec Suite 100		Amount of Each Disbursement this Period 5000.00
City St. Louis State MO Zip Code 63105		
Purpose of Disbursement Candidate Name TALENT FOR SENATE COMMITTEE	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
TOTAL This Period (last page this line number only) ▶

**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 19 / 19

<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)
Wellcare Health Plans, Inc. Good Government Fund

Full Name (Last, First, Middle Initial)

A. TALENT FOR SENATE COMMITTEE

Mailing Address 147 N Meramec
Suite 100

City St. Louis State MO Zip Code 63105

Purpose of Disbursement

Candidate Name
TALENT FOR SENATE COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4762

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)