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September 22, 2003

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**VIA OVERNIGHT DELIVERY**

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

To Whom It May Concern:

Enclosed please find FEC Form 1, Statement of Organization, for the WellCare Health Plans Good Government Fund. If you have any questions concerning this form, or need additional information, please call me.

Thank you.

Very truly yours,

COUCH WHITE, LLP

Tricia A. Asaro

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Enclosure
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Office Use Only

# FEC FORM 1

# STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

WellCare Health Plans, Inc. Good Government Fund

ADDRESS (number and street) 6800 North Dale Mabry Highway

☐ (Check if address is changed) Suite 270

Tampa FL 33614 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

813 - 290 - 6210

2. DATE 09 / 17 / 2003

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

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

Type or Print Name of Treasurer David K. Smith

Signature of Treasurer [signature] Date

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

| Office Use Only | | | | |
|---|---|---|---|---|

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FEC1Rev2.PDF

5. TYPE OF COMMITTEE (Check One)

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

(e) ☒ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

WellCare Health Plans, Inc.

Mailing Address 6800 North Dale Mabry Highway
Suite 270
Tampa FL 33614 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

MellCare Health Plans, Inc. Good Government Fund

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: Thaddeus M. Bereday

Mailing Address: 6800 North Dale Mabry Highway
Suite 270
Tampa | FL | 33614 -
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Secretary

Telephone number: 813 - 290 - 6253

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: David K. Smith

Mailing Address: 6800 North Dale Mabry Highway
Suite 270
Tampa | FL | 33614 -
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 813 - 290 - 6312

Full Name of Designated Agent: Todd S. Farha

Mailing Address: 6800 North Dale Mabry Highway
Suite 270
Tampa | FL | 33614 -
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Assistant Treasurer

Telephone number: 813 - 290 - 6316

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address 101 East Kennedy Blvd.

Tampa FL 33602 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

[illegible]

# [illegible]

## [illegible]

[illegible]

- [illegible]
- [illegible]
- [illegible]