



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Coventry Health Care Inc - First Health Group PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="99863.25"/>	<input type="text" value="99863.25"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="115696.19"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="21311.42"/>	<input type="text" value="45204.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="137007.61"/>	<input type="text" value="145068.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2864.85"/>	<input type="text" value="10925.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="134142.76"/>	<input type="text" value="134142.76"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**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).....	20235.38	37446.98
(ii) Unitemized .....	1076.04	7757.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21311.42	45204.84
(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) .....	21311.42	45204.84
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	21311.42	45204.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21311.42	45204.84

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	14.85	175.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	14.85	175.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	2850.00	10750.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(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)) ..	2864.85	10925.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2864.85	10925.33

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	21311.42	45204.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21311.42	45204.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	14.85	175.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	14.85	175.33

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
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.

Form/Schedule:  
Transaction ID:

**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 7 OF 135
<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Denis Ameye**  
Full Name (Last, First, Middle Initial)

Mailing Address 6720-B Rockledge Dr.

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : A2011-2773907**

Amount of Each Receipt this Period  
40.00

**B. Denis Ameye**  
Full Name (Last, First, Middle Initial)

Mailing Address 6720-B Rockledge Dr.

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : A2011-2773946**

Amount of Each Receipt this Period  
40.00

**C. Denis Ameye**  
Full Name (Last, First, Middle Initial)

Mailing Address 6720-B Rockledge Dr.

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

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 ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : A2011-2773985**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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: (check only one)	PAGE 8 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Denis Ameye</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 14 / 2011 <b>Transaction ID : A2011-2991098</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 40.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		
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 ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Denis Ameye</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 28 / 2011 <b>Transaction ID : A2011-2991356</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 40.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Denis Ameye</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : A2011-3215978</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 40.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		
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 ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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: (check only one)	PAGE 9 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Denis Ameye</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : A2011-3216017</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 40.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 480.00	
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Denis Ameye</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : A2011-3392346</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 40.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 520.00	
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Denis Ameye</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : A2011-3392385</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 40.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 560.00	
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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: (check only one)	PAGE 10 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Michael Bahr</b>		Date of Receipt MM / DD / YYYY 07 / 08 / 2011 <b>Transaction ID : A2011-1654306</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C		
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 ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Bahr</b>		Date of Receipt MM / DD / YYYY 07 / 22 / 2011 <b>Transaction ID : A2011-1789948</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C		
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 ▼ 1125.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Bahr</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2011 <b>Transaction ID : A2011-1789987</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C		
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 ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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: (check only one)	PAGE 11 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Michael Bahr</b>		Date of Receipt 08 / 19 / 2011 <b>Transaction ID : A2011-2374302</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C	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 ▼ 1275.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Bahr</b>		Date of Receipt 09 / 02 / 2011 <b>Transaction ID : A2011-2773888</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C	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 ▼ 1350.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Bahr</b>		Date of Receipt 09 / 16 / 2011 <b>Transaction ID : A2011-2773927</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C	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 ▼ 1425.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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: (check only one)	PAGE 12 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Michael Bahr</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : A2011-2773966</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	
Occupation Manager		Aggregate Year-to-Date ▼ 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Bahr</b>		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 <b>Transaction ID : A2011-2991079</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	
Occupation Manager		Aggregate Year-to-Date ▼ 1575.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael Bahr</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2011 <b>Transaction ID : A2011-2991337</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	
Occupation Manager		Aggregate Year-to-Date ▼ 1650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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: (check only one)	PAGE 13 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Michael Bahr</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : A2011-3215959</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C	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 ▼ 1725.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Bahr</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : A2011-3215998</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C	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 ▼ 1800.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Bahr</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : A2011-3392327</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C	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 ▼ 1875.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 14 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Michael Bahr**

Mailing Address 4669 W. Vista Drive

City State Zip Code  
 Highland UT 84003

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : A2011-3392366**

Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**B. Barrie Baker**

Mailing Address 6720-B Rockledge Dr.

City State Zip Code  
 Bethesda MD 20817

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2011  
**Transaction ID : A2011-1654326**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Barrie Baker**

Mailing Address 6720-B Rockledge Dr.

City State Zip Code  
 Bethesda MD 20817

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2011  
**Transaction ID : A2011-1789968**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

**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 15 OF 135  
(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. Barrie Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6720-B Rockledge Dr.  
 City State Zip Code  
 Bethesda MD 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coventry Health Care Inc. Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2011  
**Transaction ID : A2011-1790007**  
 Amount of Each Receipt this Period  
 200.00

**B. Barrie Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6720-B Rockledge Dr.  
 City State Zip Code  
 Bethesda MD 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coventry Health Care Inc. Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2011  
**Transaction ID : A2011-2374322**  
 Amount of Each Receipt this Period  
 200.00

**C. Barrie Baker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6720-B Rockledge Dr.  
 City State Zip Code  
 Bethesda MD 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coventry Health Care Inc. Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : A2011-2773908**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 16 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial) <b>A. Barrie Baker</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2011 <b>Transaction ID : A2011-2773947</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 200.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		
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 ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>B. Barrie Baker</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : A2011-2773986</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 200.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		
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 ▼ 1600.00	

Full Name (Last, First, Middle Initial) <b>C. Barrie Baker</b>		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 <b>Transaction ID : A2011-2991099</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 200.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C		
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 ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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: (check only one)	PAGE 17 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Barrie Baker</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2011 <b>Transaction ID : A2011-2991357</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 200.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	
Occupation Manager		Aggregate Year-to-Date ▼ 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Barrie Baker</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : A2011-3215979</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 200.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	
Occupation Manager		Aggregate Year-to-Date ▼ 2200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Barrie Baker</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : A2011-3216018</b>
Mailing Address 6720-B Rockledge Dr.		Amount of Each Receipt this Period 200.00
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	
Occupation Manager		Aggregate Year-to-Date ▼ 2400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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: (check only one)	PAGE 18 OF 135
<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. Barrie Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6720-B Rockledge Dr.  
City Bethesda State MD Zip Code 20817  
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 ▼ 2600.00

Date of Receipt  
12 / 09 / 2011  
**Transaction ID : A2011-3392347**  
Amount of Each Receipt this Period  
200.00

**B. Barrie Baker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6720-B Rockledge Dr.  
City Bethesda State MD Zip Code 20817  
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 ▼ 2800.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : A2011-3392386**  
Amount of Each Receipt this Period  
200.00

**C. Pamela Barnes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 804 Dorset Drive  
City Wheaton State IL Zip Code 60187  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
10 / 14 / 2011  
**Transaction ID : A2011-2991065**  
Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 410.00  
**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 19 OF 135
<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. Pamela Barnes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 804 Dorset Drive

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : A2011-2991323**

Amount of Each Receipt this Period  

10.00
-------

**B. Pamela Barnes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 804 Dorset Drive

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215945**

Amount of Each Receipt this Period  

10.00
-------

**C. Pamela Barnes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 804 Dorset Drive

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : A2011-3215984**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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: (check only one)	PAGE 20 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Pamela Barnes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 804 Dorset Drive

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : A2011-3392313**

Amount of Each Receipt this Period  
10.00

**B. Pamela Barnes**  
Full Name (Last, First, Middle Initial)  
Mailing Address 804 Dorset Drive

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : A2011-3392352**

Amount of Each Receipt this Period  
10.00

**C. George Bennett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2011

**Transaction ID : A2011-1654314**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.00
<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 21 OF 135 (check only one)
<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. George Bennett**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2011

**Transaction ID : A2011-178956**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. George Bennett**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2011

**Transaction ID : A2011-178995**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. George Bennett**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2011

**Transaction ID : A2011-2374310**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 22 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. George Bennett**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : A2011-2773896**

Amount of Each Receipt this Period  

50.00
-------

Full Name (Last, First, Middle Initial)  
**B. George Bennett**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **950.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : A2011-2773935**

Amount of Each Receipt this Period  

50.00
-------

Full Name (Last, First, Middle Initial)  
**C. George Bennett**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : A2011-2773974**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<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: (check only one)	PAGE 23 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. George Bennett**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : A2011-2991087**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. George Bennett**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : A2011-2991345**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. George Bennett**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1150.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215967**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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: (check only one)	PAGE 24 OF 135
	<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. George Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : A2011-3216006**

Amount of Each Receipt this Period  
50.00

**B. George Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : A2011-3392335**

Amount of Each Receipt this Period  
50.00

**C. George Bennett**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : A2011-3392374**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 25 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
 Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼  
 490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2011  
**Transaction ID : A2011-1654294**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**B. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
 Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2011  
**Transaction ID : A2011-1789936**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**C. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
 Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼  
 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2011  
**Transaction ID : A2011-1789975**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

**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 26 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
 Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼  
 595.00

Date of Receipt  
 08 / 19 / 2011  
**Transaction ID : A2011-2374290**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**B. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
 Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼  
 630.00

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : A2011-2773876**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**C. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
 Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼  
 665.00

Date of Receipt  
 09 / 16 / 2011  
**Transaction ID : A2011-2773915**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

**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 27 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼ **700.00**

Date of Receipt  
**09 / 30 / 2011**

**Transaction ID : A2011-2773954**

Amount of Each Receipt this Period  
**35.00**

Full Name (Last, First, Middle Initial)  
**B. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼ **735.00**

Date of Receipt  
**10 / 14 / 2011**

**Transaction ID : A2011-2991067**

Amount of Each Receipt this Period  
**35.00**

Full Name (Last, First, Middle Initial)  
**C. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼ **770.00**

Date of Receipt  
**10 / 28 / 2011**

**Transaction ID : A2011-2991325**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**

**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 28 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
 Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼  
 805.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : A2011-3215947**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**B. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
 Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼  
 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : A2011-3215986**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**C. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
 Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼  
 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : A2011-3392315**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

**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 29 OF 135
	<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

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**

Full Name (Last, First, Middle Initial)  
**A. Edward Borovatz**

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City Midlothian State VA Zip Code 23114

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 ▼  
910.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2011  
**Transaction ID : A2011-3392354**

Amount of Each Receipt this Period  
35.00

Full Name (Last, First, Middle Initial)  
**B. Brian 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 ▼  
560.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 08 / 2011  
**Transaction ID : A2011-1654307**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**C. Brian 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 ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2011  
**Transaction ID : A2011-1789949**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00

**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 30 OF 135  
(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. Brian Britt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 640.00

Date of Receipt  
 08 / 05 / 2011  
**Transaction ID : A2011-1789988**  
 Amount of Each Receipt this Period  
 40.00

**B. Brian Britt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 680.00

Date of Receipt  
 08 / 19 / 2011  
**Transaction ID : A2011-2374303**  
 Amount of Each Receipt this Period  
 40.00

**C. Brian Britt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 720.00

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : A2011-2773889**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**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 31 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial) <b>A. Brian Britt</b>		Date of Receipt 09 / 16 / 2011 <b>Transaction ID : A2011-2773928</b>
Mailing Address 330 West Meadow Drive		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

Full Name (Last, First, Middle Initial) <b>B. Brian Britt</b>		Date of Receipt 09 / 30 / 2011 <b>Transaction ID : A2011-2773967</b>
Mailing Address 330 West Meadow Drive		Amount of Each Receipt this Period 40.00
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: <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>C. Brian Britt</b>		Date of Receipt 10 / 14 / 2011 <b>Transaction ID : A2011-2991080</b>
Mailing Address 330 West Meadow Drive		Amount of Each Receipt this Period 40.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 32 OF 135  
(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. Brian Britt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 880.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : A2011-2991338**  
 Amount of Each Receipt this Period  
 40.00

**B. Brian Britt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 920.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : A2011-3215960**  
 Amount of Each Receipt this Period  
 40.00

**C. Brian Britt**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : A2011-3215999**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**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 33 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

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

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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011

**Transaction ID : A2011-3392328**

Amount of Each Receipt this Period  
 40.00

**B. Brian Britt**  
Full Name (Last, First, Middle Initial)

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 ▼ 1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011

**Transaction ID : A2011-3392367**

Amount of Each Receipt this Period  
 40.00

**C. Lisa Chandler**  
Full Name (Last, First, Middle Initial)

Mailing Address 3946 Rhine Court Suite 450

City St. Charles State MO Zip Code 63304

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 ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011

**Transaction ID : A2011-3392359**

Amount of Each Receipt this Period  
 8.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.00

**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 34 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Adrian Engels**

Mailing Address 2523 E Oak Grove Dr

City State Zip Code  
 Sandy UT 84092

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

Name of Employer Occupation  
 Coventry Health Care Inc. Supervisor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : A2011-2991063**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Adrian Engels**

Mailing Address 2523 E Oak Grove Dr

City State Zip Code  
 Sandy UT 84092

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

Name of Employer Occupation  
 Coventry Health Care Inc. Supervisor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : A2011-2991321**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Adrian Engels**

Mailing Address 2523 E Oak Grove Dr

City State Zip Code  
 Sandy UT 84092

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

Name of Employer Occupation  
 Coventry Health Care Inc. Supervisor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : A2011-3215943**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**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 35 OF 135
	<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	

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**

Full Name (Last, First, Middle Initial)  
**A. Adrian Engels**

Mailing Address 2523 E Oak Grove Dr

City Sandy State UT Zip Code 84092

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

Name of Employer Coventry Health Care Inc. Occupation Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 25 / 2011**

**Transaction ID : A2011-3215982**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. Adrian Engels**

Mailing Address 2523 E Oak Grove Dr

City Sandy State UT Zip Code 84092

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

Name of Employer Coventry Health Care Inc. Occupation Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 09 / 2011**

**Transaction ID : A2011-3392311**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**C. Adrian Engels**

Mailing Address 2523 E Oak Grove Dr

City Sandy State UT Zip Code 84092

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

Name of Employer Coventry Health Care Inc. Occupation Supervisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2011**

**Transaction ID : A2011-3392350**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<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 36 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. David Fields**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **500.00**

Date of Receipt  
**07 / 08 / 2011**  
**Transaction ID : A2011-1654323**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. David Fields**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **600.00**

Date of Receipt  
**07 / 22 / 2011**  
**Transaction ID : A2011-1789965**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. David Fields**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **700.00**

Date of Receipt  
**08 / 05 / 2011**  
**Transaction ID : A2011-1790004**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **300.00**

**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 37 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. David Fields**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2011

**Transaction ID : A2011-2374319**

Amount of Each Receipt this Period  

100.00
--------

**B. David Fields**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : A2011-2773905**

Amount of Each Receipt this Period  

100.00
--------

**C. David Fields**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : A2011-2773944**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<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: (check only one)	PAGE 38 OF 135
<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. David Fields**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : A2011-2773983**

Amount of Each Receipt this Period  
100.00

**B. David Fields**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : A2011-2991096**

Amount of Each Receipt this Period  
100.00

**C. David Fields**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : A2011-2991354**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<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: (check only one)	PAGE 39 OF 135
	<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**

Full Name (Last, First, Middle Initial)  
**A. David Fields**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215976**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. David Fields**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : A2011-3216015**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. David Fields**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : A2011-3392344**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 40 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. David Fields**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : A2011-3392383**

Amount of Each Receipt this Period  
100.00

**B. Nicholas Guarneschelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2011

**Transaction ID : A2011-2374311**

Amount of Each Receipt this Period  
15.00

**C. Nicholas Guarneschelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : A2011-2773897**

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<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 41 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Nicholas Guarneschelli**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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  
**09 / 16 / 2011**  
**Transaction ID : A2011-2773936**

Amount of Each Receipt this Period  
**15.00**

Full Name (Last, First, Middle Initial)  
**B. Nicholas Guarneschelli**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **255.00**

Date of Receipt  
**09 / 30 / 2011**  
**Transaction ID : A2011-2773975**

Amount of Each Receipt this Period  
**15.00**

Full Name (Last, First, Middle Initial)  
**C. Nicholas Guarneschelli**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **270.00**

Date of Receipt  
**10 / 14 / 2011**  
**Transaction ID : A2011-2991088**

Amount of Each Receipt this Period  
**15.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **45.00**

**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 42 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Nicholas Guarneschelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **285.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : A2011-2991346**

Amount of Each Receipt this Period  

15.00
-------

**B. Nicholas Guarneschelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215968**

Amount of Each Receipt this Period  

15.00
-------

**C. Nicholas Guarneschelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : A2011-3216007**

Amount of Each Receipt this Period  

15.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<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: (check only one)	PAGE 43 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Nicholas Guarneschelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : A2011-3392336**

Amount of Each Receipt this Period  
**15.00**

**B. Nicholas Guarneschelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **345.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : A2011-3392375**

Amount of Each Receipt this Period  
**15.00**

**C. Greg Hale**  
Full Name (Last, First, Middle Initial)

Mailing Address 1615 William Penn Drive #21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2011  
**Transaction ID : A2011-1789931**

Amount of Each Receipt this Period  
**14.04**

**SUBTOTAL** of Receipts This Page (optional)..... **44.04**

**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 44 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Greg Hale**

Mailing Address 1615 William Penn Drive  
#21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.64

Date of Receipt  
08 / 05 / 2011  
**Transaction ID : A2011-1789970**

Amount of Each Receipt this Period  
14.04

Full Name (Last, First, Middle Initial)  
**B. Greg Hale**

Mailing Address 1615 William Penn Drive  
#21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.68

Date of Receipt  
08 / 19 / 2011  
**Transaction ID : A2011-2374285**

Amount of Each Receipt this Period  
14.04

Full Name (Last, First, Middle Initial)  
**C. Greg Hale**

Mailing Address 1615 William Penn Drive  
#21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.72

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : A2011-2773871**

Amount of Each Receipt this Period  
14.04

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42.12

**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 45 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Greg Hale**

Mailing Address 1615 William Penn Drive  
 #21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 266.76

Date of Receipt  
 09 / 16 / 2011  
**Transaction ID : A2011-2773910**

Amount of Each Receipt this Period  
 14.04

Full Name (Last, First, Middle Initial)  
**B. Greg Hale**

Mailing Address 1615 William Penn Drive  
 #21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.80

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : A2011-2773949**

Amount of Each Receipt this Period  
 14.04

Full Name (Last, First, Middle Initial)  
**C. Greg Hale**

Mailing Address 1615 William Penn Drive  
 #21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 294.84

Date of Receipt  
 10 / 14 / 2011  
**Transaction ID : A2011-2991062**

Amount of Each Receipt this Period  
 14.04

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42.12

**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 46 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial) <b>A. Greg Hale</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2011 <b>Transaction ID : A2011-2991320</b>
Mailing Address 1615 William Penn Drive #21E		Amount of Each Receipt this Period 14.04
City Naperville	State IL	Zip Code 60563
FEC ID number of contributing federal political committee.	C	
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.88	

Full Name (Last, First, Middle Initial) <b>B. Greg Hale</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : A2011-3215942</b>
Mailing Address 1615 William Penn Drive #21E		Amount of Each Receipt this Period 14.04
City Naperville	State IL	Zip Code 60563
FEC ID number of contributing federal political committee.	C	
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.92	

Full Name (Last, First, Middle Initial) <b>C. Greg Hale</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : A2011-3215981</b>
Mailing Address 1615 William Penn Drive #21E		Amount of Each Receipt this Period 14.04
City Naperville	State IL	Zip Code 60563
FEC ID number of contributing federal political committee.	C	
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42.12
<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 47 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Greg Hale**

Mailing Address 1615 William Penn Drive  
 #21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 351.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011

**Transaction ID : A2011-3392310**

Amount of Each Receipt this Period  
 14.04

Full Name (Last, First, Middle Initial)  
**B. Greg Hale**

Mailing Address 1615 William Penn Drive  
 #21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011

**Transaction ID : A2011-3392349**

Amount of Each Receipt this Period  
 14.04

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2011

**Transaction ID : A2011-1654311**

Amount of Each Receipt this Period  
 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.08

**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 48 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial) <b>A. Janet Hamner</b>		Date of Receipt MM / DD / YYYY 07 / 22 / 2011 <b>Transaction ID : A2011-178953</b>
Mailing Address 10219 Pemcrest		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00	

Full Name (Last, First, Middle Initial) <b>B. Janet Hamner</b>		Date of Receipt MM / DD / YYYY 08 / 05 / 2011 <b>Transaction ID : A2011-178992</b>
Mailing Address 10219 Pemcrest		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	

Full Name (Last, First, Middle Initial) <b>C. Janet Hamner</b>		Date of Receipt MM / DD / YYYY 08 / 19 / 2011 <b>Transaction ID : A2011-2374307</b>
Mailing Address 10219 Pemcrest		Amount of Each Receipt this Period 39.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 663.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.00
<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: (check only one)	PAGE 49 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
City San Antonio State TX Zip Code 78240		<b>Transaction ID : A2011-2773893</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.00"/>
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 ▼ <input type="text" value="702.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City San Antonio State TX Zip Code 78240		<b>Transaction ID : A2011-2773932</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.00"/>
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 ▼ <input type="text" value="741.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City San Antonio State TX Zip Code 78240		<b>Transaction ID : A2011-2773971</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.00"/>
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 ▼ <input type="text" value="780.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 50 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼ **819.00**

Date of Receipt  
**10 / 14 / 2011**  
**Transaction ID : A2011-2991084**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **858.00**

Date of Receipt  
**10 / 28 / 2011**  
**Transaction ID : A2011-2991342**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **897.00**

Date of Receipt  
**11 / 10 / 2011**  
**Transaction ID : A2011-3215964**

Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **117.00**

**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 51 OF 135  
(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. Janet Hamner**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 936.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : A2011-3216003**  
 Amount of Each Receipt this Period  
 39.00

**B. Janet Hamner**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 975.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : A2011-3392332**  
 Amount of Each Receipt this Period  
 39.00

**C. Janet Hamner**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 1014.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : A2011-3392371**  
 Amount of Each Receipt this Period  
 39.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.00  
**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 52 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **400.00**

Date of Receipt  
**07 / 08 / 2011**  
**Transaction ID : A2011-1654318**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **450.00**

Date of Receipt  
**07 / 22 / 2011**  
**Transaction ID : A2011-1789960**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **500.00**

Date of Receipt  
**08 / 05 / 2011**  
**Transaction ID : A2011-1789999**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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 53 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
 Washington DC 20001

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 08 / 19 / 2011  
**Transaction ID : A2011-2374314**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
 Washington DC 20001

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : A2011-2773900**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
 Washington DC 20001

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 09 / 16 / 2011  
**Transaction ID : A2011-2773939**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 54 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **700.00**

Date of Receipt  
**09 / 30 / 2011**  
**Transaction ID : A2011-2773978**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **750.00**

Date of Receipt  
**10 / 14 / 2011**  
**Transaction ID : A2011-2991091**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**C. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **800.00**

Date of Receipt  
**10 / 28 / 2011**  
**Transaction ID : A2011-2991349**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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 55 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215971**

Amount of Each Receipt this Period  

50.00
-------

Full Name (Last, First, Middle Initial)  
**B. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : A2011-3216010**

Amount of Each Receipt this Period  

50.00
-------

Full Name (Last, First, Middle Initial)  
**C. Lovell Harmon**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **950.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : A2011-3392339**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<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: (check only one)	PAGE 56 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Lovell Harmon**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 New York Avenue NW Third Fl.  
City Washington State DC Zip Code 20001  
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 **1000.00**

Date of Receipt **12 / 23 / 2011**  
**Transaction ID : A2011-3392378**  
Amount of Each Receipt this Period **50.00**

**B. Kim Isbell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6140 Moss Rose Lane  
City Aubrey State TX Zip Code 76227  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **280.00**

Date of Receipt **07 / 08 / 2011**  
**Transaction ID : A2011-1654293**  
Amount of Each Receipt this Period **20.00**

**C. Kim Isbell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6140 Moss Rose Lane  
City Aubrey State TX Zip Code 76227  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 22 / 2011**  
**Transaction ID : A2011-1789935**  
Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**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 57 OF 135  
(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. Kim Isbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6140 Moss Rose Lane  
 City Aubrey State TX Zip Code 76227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2011  
**Transaction ID : A2011-1789974**  
 Amount of Each Receipt this Period  
 20.00

**B. Kim Isbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6140 Moss Rose Lane  
 City Aubrey State TX Zip Code 76227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2011  
**Transaction ID : A2011-2374289**  
 Amount of Each Receipt this Period  
 20.00

**C. Kim Isbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6140 Moss Rose Lane  
 City Aubrey State TX Zip Code 76227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : A2011-2773875**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 58 OF 135
<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. Kim Isbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6140 Moss Rose Lane

City Aubrey State TX Zip Code 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : A2011-2773914**

Amount of Each Receipt this Period  
**20.00**

**B. Kim Isbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6140 Moss Rose Lane

City Aubrey State TX Zip Code 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : A2011-2773953**

Amount of Each Receipt this Period  
**20.00**

**C. Kim Isbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6140 Moss Rose Lane

City Aubrey State TX Zip Code 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 14 / 2011**

**Transaction ID : A2011-2991066**

Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<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: (check only one)	PAGE 59 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Kim Isbell</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2011 <b>Transaction ID : A2011-2991324</b>
Mailing Address 6140 Moss Rose Lane		Amount of Each Receipt this Period 20.00
City Aubrey	State TX	Zip Code 76227
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. Kim Isbell</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : A2011-3215946</b>
Mailing Address 6140 Moss Rose Lane		Amount of Each Receipt this Period 20.00
City Aubrey	State TX	Zip Code 76227
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) <b>C. Kim Isbell</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : A2011-3215985</b>
Mailing Address 6140 Moss Rose Lane		Amount of Each Receipt this Period 20.00
City Aubrey	State TX	Zip Code 76227
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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: (check only one)	PAGE 60 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Kim Isbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6140 Moss Rose Lane

City Aubrey State TX Zip Code 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
12 / 09 / 2011  
**Transaction ID : A2011-3392314**

Amount of Each Receipt this Period  
20.00

**B. Kim Isbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 6140 Moss Rose Lane

City Aubrey State TX Zip Code 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
12 / 23 / 2011  
**Transaction ID : A2011-3392353**

Amount of Each Receipt this Period  
20.00

**C. Cherie Ivory**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ 220.00

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : A2011-2773902**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**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 61 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. Cherie Ivory**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : A2011-2773941**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**B. Cherie Ivory**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : A2011-2773980**

Amount of Each Receipt this Period  
20.00

Full Name (Last, First, Middle Initial)  
**C. Cherie Ivory**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : A2011-2991093**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<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: (check only one)	PAGE 62 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. Cherie Ivory**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : A2011-2991351**

Amount of Each Receipt this Period  

20.00
-------

Full Name (Last, First, Middle Initial)  
**B. Cherie Ivory**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215973**

Amount of Each Receipt this Period  

20.00
-------

Full Name (Last, First, Middle Initial)  
**C. Cherie Ivory**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : A2011-3216012**

Amount of Each Receipt this Period  

20.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<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: (check only one)	PAGE 63 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. Cherie Ivory**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : A2011-3392341**

Amount of Each Receipt this Period  

20.00
-------

Full Name (Last, First, Middle Initial)  
**B. Cherie Ivory**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : A2011-3392380**

Amount of Each Receipt this Period  

20.00
-------

Full Name (Last, First, Middle Initial)  
**C. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2011

**Transaction ID : A2011-1789966**

Amount of Each Receipt this Period  

39.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>79.00</b>
<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 64 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **273.00**

Date of Receipt  
**08 / 05 / 2011**

**Transaction ID : A2011-1790005**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **312.00**

Date of Receipt  
**08 / 19 / 2011**

**Transaction ID : A2011-2374320**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**C. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **351.00**

Date of Receipt  
**09 / 02 / 2011**

**Transaction ID : A2011-2773906**

Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **117.00**

**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 65 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : A2011-2773945**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **429.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2011**

**Transaction ID : A2011-2773984**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**C. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **468.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 14 / 2011**

**Transaction ID : A2011-2991097**

Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **117.00**

**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 66 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **507.00**

Date of Receipt  
**10 / 28 / 2011**  
**Transaction ID : A2011-2991355**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **546.00**

Date of Receipt  
**11 / 10 / 2011**  
**Transaction ID : A2011-3215977**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**C. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **585.00**

Date of Receipt  
**11 / 25 / 2011**  
**Transaction ID : A2011-3216016**

Amount of Each Receipt this Period  
**39.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **117.00**

**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 67 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **624.00**

Date of Receipt  
**12 / 09 / 2011**  
**Transaction ID : A2011-3392345**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**B. Michael King**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **663.00**

Date of Receipt  
**12 / 23 / 2011**  
**Transaction ID : A2011-3392384**

Amount of Each Receipt this Period  
**39.00**

Full Name (Last, First, Middle Initial)  
**C. Bonnie Kitson**

Mailing Address 4203 Shamans Drive

City Marietta State GA Zip Code 30062

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 ▼ **350.00**

Date of Receipt  
**07 / 08 / 2011**  
**Transaction ID : A2011-1654308**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **103.00**

**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 68 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Bonnie Kitson**

Mailing Address 4203 Shamans Drive

City State Zip Code  
 Marietta GA 30062

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2011  
**Transaction ID : A2011-1789950**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Bonnie Kitson**

Mailing Address 4203 Shamans Drive

City State Zip Code  
 Marietta GA 30062

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2011  
**Transaction ID : A2011-1789989**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Bonnie Kitson**

Mailing Address 4203 Shamans Drive

City State Zip Code  
 Marietta GA 30062

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2011  
**Transaction ID : A2011-2374304**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 69 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial) <b>A. Bonnie Kitson</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2011 <b>Transaction ID : A2011-2773890</b>
Mailing Address 4203 Shamans Drive		Amount of Each Receipt this Period 25.00
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C		
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 ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Bonnie Kitson</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2011 <b>Transaction ID : A2011-2773929</b>
Mailing Address 4203 Shamans Drive		Amount of Each Receipt this Period 25.00
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C		
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 ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>C. Bonnie Kitson</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : A2011-2773968</b>
Mailing Address 4203 Shamans Drive		Amount of Each Receipt this Period 25.00
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C		
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 ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 70 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial) <b>A. Bonnie Kitson</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 14 / 2011 <b>Transaction ID : A2011-2991081</b>
Mailing Address 4203 Shamans Drive		Amount of Each Receipt this Period 25.00
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C	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 ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>B. Bonnie Kitson</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2011 <b>Transaction ID : A2011-2991339</b>
Mailing Address 4203 Shamans Drive		Amount of Each Receipt this Period 25.00
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C	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 ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>C. Bonnie Kitson</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : A2011-3215961</b>
Mailing Address 4203 Shamans Drive		Amount of Each Receipt this Period 25.00
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C	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 ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 71 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Bonnie Kitson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : A2011-3216000</b>
Mailing Address 4203 Shamans Drive		Amount of Each Receipt this Period 25.00
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	
Occupation Manager		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bonnie Kitson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : A2011-3392329</b>
Mailing Address 4203 Shamans Drive		Amount of Each Receipt this Period 25.00
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	
Occupation Manager		Aggregate Year-to-Date ▼ 625.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bonnie Kitson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : A2011-3392368</b>
Mailing Address 4203 Shamans Drive		Amount of Each Receipt this Period 25.00
City Marietta	State GA	Zip Code 30062
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	
Occupation Manager		Aggregate Year-to-Date ▼ 650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 72 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Roman Kulich**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2011

**Transaction ID : A2011-1654312**

Amount of Each Receipt this Period  
20.00

**B. Roman Kulich**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2011

**Transaction ID : A2011-1789954**

Amount of Each Receipt this Period  
20.00

**C. Roman Kulich**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2011

**Transaction ID : A2011-1789993**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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 73 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Roman Kulich**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **340.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 19 / 2011**

**Transaction ID : A2011-2374308**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. Roman Kulich**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 02 / 2011**

**Transaction ID : A2011-2773894**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**C. Roman Kulich**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2011**

**Transaction ID : A2011-2773933**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **60.00**

**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 74 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial) <b>A. Roman Kulich</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : A2011-2773972</b>
Mailing Address 901 New York Avenue NW Third Fl.		Amount of Each Receipt this Period 20.00
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C	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 ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>B. Roman Kulich</b>		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 <b>Transaction ID : A2011-2991085</b>
Mailing Address 901 New York Avenue NW Third Fl.		Amount of Each Receipt this Period 20.00
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C	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 ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. Roman Kulich</b>		Date of Receipt MM / DD / YYYY 10 / 28 / 2011 <b>Transaction ID : A2011-2991343</b>
Mailing Address 901 New York Avenue NW Third Fl.		Amount of Each Receipt this Period 20.00
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee. C	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 ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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 75 OF 135  
(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**

**A. Roman Kulich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 New York Avenue NW Third Fl.  
 City Washington State DC Zip Code 20001  
 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 ▼ 460.00  
 Date of Receipt 11 / 10 / 2011  
**Transaction ID : A2011-3215965**  
 Amount of Each Receipt this Period 20.00

**B. Roman Kulich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 New York Avenue NW Third Fl.  
 City Washington State DC Zip Code 20001  
 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 ▼ 480.00  
 Date of Receipt 11 / 25 / 2011  
**Transaction ID : A2011-3216004**  
 Amount of Each Receipt this Period 20.00

**C. Roman Kulich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 New York Avenue NW Third Fl.  
 City Washington State DC Zip Code 20001  
 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 ▼ 500.00  
 Date of Receipt 12 / 09 / 2011  
**Transaction ID : A2011-3392333**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 76 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Roman Kulich**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 23 / 2011**

**Transaction ID : A2011-3392372**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 08 / 2011**

**Transaction ID : A2011-1654297**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. 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  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 22 / 2011**

**Transaction ID : A2011-1789939**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **70.00**

**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 77 OF 135  
(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. Kenneth Kurzendoerfer**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2011  
**Transaction ID : A2011-1789978**  
 Amount of Each Receipt this Period  
 25.00

**B. Kenneth Kurzendoerfer**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 425.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2011  
**Transaction ID : A2011-2374293**  
 Amount of Each Receipt this Period  
 25.00

**C. Kenneth Kurzendoerfer**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : A2011-2773879**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 78 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Kurzendoerfer</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2011 <b>Transaction ID : A2011-2773918</b>
Mailing Address 5104 Remington Road		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Kurzendoerfer</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011 <b>Transaction ID : A2011-2773957</b>
Mailing Address 5104 Remington Road		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Kurzendoerfer</b>		Date of Receipt MM / DD / YYYY 10 / 14 / 2011 <b>Transaction ID : A2011-2991070</b>
Mailing Address 5104 Remington Road		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 79 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial) <b>A. Kenneth Kurzendoerfer</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2011 <b>Transaction ID : A2011-2991328</b>
Mailing Address 5104 Remington Road		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Kenneth Kurzendoerfer</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : A2011-3215950</b>
Mailing Address 5104 Remington Road		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) <b>C. Kenneth Kurzendoerfer</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : A2011-3215989</b>
Mailing Address 5104 Remington Road		Amount of Each Receipt this Period 25.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 80 OF 135  
(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. Kenneth Kurzendoerfer**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 625.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : A2011-3392318**  
 Amount of Each Receipt this Period  
 25.00

**B. Kenneth Kurzendoerfer**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : A2011-3392357**  
 Amount of Each Receipt this Period  
 25.00

**C. Joan Liberatore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 Virginia Avenue  
 City Monaca State PA Zip Code 15061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2011  
**Transaction ID : A2011-1654295**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 81 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Joan Liberatore**  
 Mailing Address 1549 Virginia Avenue  
 City State Zip Code  
 Monaca PA 15061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coventry Health Care Inc. EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2011  
**Transaction ID : A2011-178937**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Joan Liberatore**  
 Mailing Address 1549 Virginia Avenue  
 City State Zip Code  
 Monaca PA 15061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coventry Health Care Inc. EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2011  
**Transaction ID : A2011-1789976**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Joan Liberatore**  
 Mailing Address 1549 Virginia Avenue  
 City State Zip Code  
 Monaca PA 15061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coventry Health Care Inc. EXECUTIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2011  
**Transaction ID : A2011-2374291**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 82 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. Joan Liberatore**

Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : A2011-2773877**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Joan Liberatore**

Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : A2011-2773916**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Joan Liberatore**

Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : A2011-2773955**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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: (check only one)	PAGE 83 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. Joan Liberatore**

Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : A2011-2991068**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**B. Joan Liberatore**

Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : A2011-2991326**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**C. Joan Liberatore**

Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215948**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<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 84 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Joan Liberatore**

Mailing Address 1549 Virginia Avenue

City State Zip Code  
 Monaca PA 15061

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

Name of Employer Occupation  
 Coventry Health Care Inc. EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 11 / 25 / 2011  
**Transaction ID : A2011-3215987**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Joan Liberatore**

Mailing Address 1549 Virginia Avenue

City State Zip Code  
 Monaca PA 15061

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

Name of Employer Occupation  
 Coventry Health Care Inc. EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 12 / 09 / 2011  
**Transaction ID : A2011-3392316**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Joan Liberatore**

Mailing Address 1549 Virginia Avenue

City State Zip Code  
 Monaca PA 15061

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

Name of Employer Occupation  
 Coventry Health Care Inc. EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 12 / 23 / 2011  
**Transaction ID : A2011-3392355**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 85 OF 135
	(check only one)
<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dawn Milstead</b>		Date of Receipt
Mailing Address 901 New York Avenue NW Third Fl.		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Washington State DC Zip Code 20001		<b>Transaction ID : A2011-1654321</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation Manager		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="525.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dawn Milstead</b>		Date of Receipt
Mailing Address 901 New York Avenue NW Third Fl.		<input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
City Washington State DC Zip Code 20001		<b>Transaction ID : A2011-1789963</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation Manager		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dawn Milstead</b>		Date of Receipt
Mailing Address 901 New York Avenue NW Third Fl.		<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City Washington State DC Zip Code 20001		<b>Transaction ID : A2011-1790002</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation Manager		<input type="text" value="75.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="675.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 86 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Dawn Milstead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 New York Avenue NW Third Fl.  
City Washington State DC Zip Code 20001  
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 ▼ 750.00

Date of Receipt  
08 / 19 / 2011  
**Transaction ID : A2011-2374317**  
Amount of Each Receipt this Period  
75.00

**B. Dawn Milstead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 New York Avenue NW Third Fl.  
City Washington State DC Zip Code 20001  
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 ▼ 825.00

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : A2011-2773903**  
Amount of Each Receipt this Period  
75.00

**C. Dawn Milstead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 New York Avenue NW Third Fl.  
City Washington State DC Zip Code 20001  
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 ▼ 900.00

Date of Receipt  
09 / 16 / 2011  
**Transaction ID : A2011-2773942**  
Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**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 87 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Dawn Milstead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 New York Avenue NW Third Fl.  
City Washington State DC Zip Code 20001  
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 ▼ 975.00

Date of Receipt  
09 / 30 / 2011  
**Transaction ID : A2011-2773981**  
Amount of Each Receipt this Period  
75.00

**B. Dawn Milstead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 New York Avenue NW Third Fl.  
City Washington State DC Zip Code 20001  
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 ▼ 1050.00

Date of Receipt  
10 / 14 / 2011  
**Transaction ID : A2011-2991094**  
Amount of Each Receipt this Period  
75.00

**C. Dawn Milstead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 901 New York Avenue NW Third Fl.  
City Washington State DC Zip Code 20001  
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 ▼ 1125.00

Date of Receipt  
10 / 28 / 2011  
**Transaction ID : A2011-2991352**  
Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**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 88 OF 135
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. Dawn Milstead**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215974**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**B. Dawn Milstead**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
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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 ▼  
1275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : A2011-3216013**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**C. Dawn Milstead**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
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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 ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : A2011-3392342**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 89 OF 135
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Dawn Milstead**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : A2011-3392381**

Amount of Each Receipt this Period  
75.00

**B. Timothy Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
2692.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2011

**Transaction ID : A2011-1654313**

Amount of Each Receipt this Period  
192.30

**C. Timothy Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
2884.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2011

**Transaction ID : A2011-1789955**

Amount of Each Receipt this Period  
192.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	459.60
<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 90 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Timothy Nolan**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼  
 3076.80

Date of Receipt  
 08 / 05 / 2011  
**Transaction ID : A2011-1789994**

Amount of Each Receipt this Period  
 192.30

Full Name (Last, First, Middle Initial)  
**B. Timothy Nolan**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼  
 3269.10

Date of Receipt  
 08 / 19 / 2011  
**Transaction ID : A2011-2374309**

Amount of Each Receipt this Period  
 192.30

Full Name (Last, First, Middle Initial)  
**C. Timothy Nolan**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼  
 3461.40

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : A2011-2773895**

Amount of Each Receipt this Period  
 192.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.90

**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 91 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Timothy Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
3653.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : A2011-2773934**

Amount of Each Receipt this Period  
192.30

**B. Timothy Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
3846.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : A2011-2773973**

Amount of Each Receipt this Period  
192.30

**C. Timothy Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
4038.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : A2011-2991086**

Amount of Each Receipt this Period  
192.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.90
<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: (check only one)	PAGE 92 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Timothy Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
4230.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : A2011-2991344**

Amount of Each Receipt this Period  
192.30

**B. Timothy Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
4422.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215966**

Amount of Each Receipt this Period  
192.30

**C. Timothy Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
4615.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : A2011-3216005**

Amount of Each Receipt this Period  
192.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.90
<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 93 OF 135
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Timothy Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **4807.50**

Date of Receipt  
**12 / 09 / 2011**  
**Transaction ID : A2011-3392334**

Amount of Each Receipt this Period  
**192.30**

**B. Timothy Nolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼ **4999.80**

Date of Receipt  
**12 / 23 / 2011**  
**Transaction ID : A2011-3392373**

Amount of Each Receipt this Period  
**192.30**

**C. Mary Louise Osborne**  
Full Name (Last, First, Middle Initial)

Mailing Address 234 Overbrook Road

City Valencia State PA Zip Code 16059

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 ▼ **966.00**

Date of Receipt  
**07 / 08 / 2011**  
**Transaction ID : A2011-1654309**

Amount of Each Receipt this Period  
**80.00**

**SUBTOTAL** of Receipts This Page (optional)..... **464.60**

**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 94 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mary Louise Osborne**

Mailing Address 234 Overbrook Road

City State Zip Code  
 Valencia PA 16059

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1046.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2011  
**Transaction ID : A2011-178951**

Amount of Each Receipt this Period  
 80.00

Full Name (Last, First, Middle Initial)  
**B. Mary Louise Osborne**

Mailing Address 234 Overbrook Road

City State Zip Code  
 Valencia PA 16059

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1126.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2011  
**Transaction ID : A2011-178990**

Amount of Each Receipt this Period  
 80.00

Full Name (Last, First, Middle Initial)  
**C. Mary Louise Osborne**

Mailing Address 234 Overbrook Road

City State Zip Code  
 Valencia PA 16059

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1206.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2011  
**Transaction ID : A2011-2374305**

Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00

**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 95 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Mary Louise Osborne</b>		Date of Receipt 09 / 02 / 2011 <b>Transaction ID : A2011-2773891</b>
Mailing Address 234 Overbrook Road		Amount of Each Receipt this Period 80.00
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1286.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Mary Louise Osborne</b>		Date of Receipt 09 / 16 / 2011 <b>Transaction ID : A2011-2773930</b>
Mailing Address 234 Overbrook Road		Amount of Each Receipt this Period 80.00
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1366.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mary Louise Osborne</b>		Date of Receipt 09 / 30 / 2011 <b>Transaction ID : A2011-2773969</b>
Mailing Address 234 Overbrook Road		Amount of Each Receipt this Period 80.00
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1446.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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: (check only one)	PAGE 96 OF 135
<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. Mary Louise Osborne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 16059
------------------	-------------	-------------------

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 ▼  
1526.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : A2011-2991082**

Amount of Each Receipt this Period  
80.00

**B. Mary Louise Osborne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 16059
------------------	-------------	-------------------

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 ▼  
1606.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : A2011-2991340**

Amount of Each Receipt this Period  
80.00

**C. Mary Louise Osborne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 16059
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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 ▼  
1686.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215962**

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<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 97 OF 135
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial) <b>A. Mary Louise Osborne</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : A2011-3216001</b>
Mailing Address 234 Overbrook Road		Amount of Each Receipt this Period 80.00
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. C		
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 ▼ 1766.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Louise Osborne</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : A2011-3392330</b>
Mailing Address 234 Overbrook Road		Amount of Each Receipt this Period 80.00
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. C		
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 ▼ 1846.00	

Full Name (Last, First, Middle Initial) <b>C. Mary Louise Osborne</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : A2011-3392369</b>
Mailing Address 234 Overbrook Road		Amount of Each Receipt this Period 80.00
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. C		
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 ▼ 1926.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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 98 OF 135
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. Douglas Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City	State	Zip Code
Washington	DC	20001

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

Name of Employer	Occupation
Coventry Health Care Inc.	Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2011

**Transaction ID : A2011-1654319**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**B. Douglas Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City	State	Zip Code
Washington	DC	20001

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

Name of Employer	Occupation
Coventry Health Care Inc.	Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2011

**Transaction ID : A2011-1789961**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**C. Douglas Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City	State	Zip Code
Washington	DC	20001

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

Name of Employer	Occupation
Coventry Health Care Inc.	Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2011

**Transaction ID : A2011-1790000**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<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: (check only one)	PAGE 99 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Douglas Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2011

**Transaction ID : A2011-2374315**

Amount of Each Receipt this Period  
100.00

**B. Douglas Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : A2011-2773901**

Amount of Each Receipt this Period  
100.00

**C. Douglas Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2011

**Transaction ID : A2011-2773940**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 100 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Douglas Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : A2011-2773979**

Amount of Each Receipt this Period  
100.00

**B. Douglas Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : A2011-2991092**

Amount of Each Receipt this Period  
100.00

**C. Douglas Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : A2011-2991350**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 101 OF 135
	<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**

Full Name (Last, First, Middle Initial)  
**A. Douglas Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215972**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Douglas Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : A2011-3216011**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**C. Douglas Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : A2011-3392340**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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: (check only one)	PAGE 102 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Douglas Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : A2011-3392379**

Amount of Each Receipt this Period  
100.00

**B. Howard Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2011

**Transaction ID : A2011-1654317**

Amount of Each Receipt this Period  
150.00

**C. Howard Porter**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	22	/	2011

**Transaction ID : A2011-1789959**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<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: (check only one)	PAGE 103 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. Howard Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	05	/	2011

**Transaction ID : A2011-1789998**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. Howard Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	19	/	2011

**Transaction ID : A2011-2374313**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Howard Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
1800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2011

**Transaction ID : A2011-2773899**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 104 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Howard Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼  
1950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : A2011-2773938**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. Howard Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼  
2100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : A2011-2773977**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Howard Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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 ▼  
2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : A2011-2991090**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00

**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 105 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Howard Porter**  
 Mailing Address 901 New York Avenue NW Third Fl.  
 City Washington State DC Zip Code 20001  
 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 ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : A2011-2991348**  
 Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**B. Howard Porter**  
 Mailing Address 901 New York Avenue NW Third Fl.  
 City Washington State DC Zip Code 20001  
 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 ▼ 2550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : A2011-3215970**  
 Amount of Each Receipt this Period  
 150.00

Full Name (Last, First, Middle Initial)  
**C. Howard Porter**  
 Mailing Address 901 New York Avenue NW Third Fl.  
 City Washington State DC Zip Code 20001  
 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 ▼ 2700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : A2011-3216009**  
 Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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 106 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)  
**A. Howard Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City	State	Zip Code
Washington	DC	20001

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

Name of Employer	Occupation
Coventry Health Care Inc.	Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : A2011-3392338**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**B. Howard Porter**

Mailing Address 901 New York Avenue NW Third Fl.

City	State	Zip Code
Washington	DC	20001

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

Name of Employer	Occupation
Coventry Health Care Inc.	Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2011

**Transaction ID : A2011-3392377**

Amount of Each Receipt this Period  
150.00

Full Name (Last, First, Middle Initial)  
**C. Sabrina Rajendran**

Mailing Address 111 Patrick Avenue

City	State	Zip Code
Willow Springs	IL	60480

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

Name of Employer	Occupation
Coventry Health Care Inc.	Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	08	/	2011

**Transaction ID : A2011-1654305**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	325.00
<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 107 OF 135  
(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. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2011  
**Transaction ID : A2011-1789947**  
 Amount of Each Receipt this Period  
 25.00

**B. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2011  
**Transaction ID : A2011-1789986**  
 Amount of Each Receipt this Period  
 25.00

**C. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2011  
**Transaction ID : A2011-2374301**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 108 OF 135  
(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. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : A2011-2773887**  
 Amount of Each Receipt this Period  
 25.00

**B. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 475.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : A2011-2773926**  
 Amount of Each Receipt this Period  
 25.00

**C. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2011  
**Transaction ID : A2011-2773965**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 109 OF 135  
(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. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : A2011-2991078**  
 Amount of Each Receipt this Period  
 25.00

**B. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : A2011-2991336**  
 Amount of Each Receipt this Period  
 25.00

**C. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : A2011-3215958**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 110 OF 135  
(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. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : A2011-3215997**  
 Amount of Each Receipt this Period  
 25.00

**B. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : A2011-3392326**  
 Amount of Each Receipt this Period  
 25.00

**C. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 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 ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : A2011-3392365**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 111 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Steven Robino**

Mailing Address 12915 Grant Street  
 Suite 450

City Overland Park      State KS      Zip Code 66213

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 ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2011  
**Transaction ID : A2011-1654301**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Steven Robino**

Mailing Address 12915 Grant Street  
 Suite 450

City Overland Park      State KS      Zip Code 66213

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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2011  
**Transaction ID : A2011-1789943**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Steven Robino**

Mailing Address 12915 Grant Street  
 Suite 450

City Overland Park      State KS      Zip Code 66213

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 ▼  
 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 05 / 2011  
**Transaction ID : A2011-1789982**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**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 112 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Steven Robino**

Mailing Address 12915 Grant Street  
 Suite 450

City Overland Park State KS Zip Code 66213

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 ▼  
 510.00

Date of Receipt  
 08 / 19 / 2011  
**Transaction ID : A2011-2374297**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Steven Robino**

Mailing Address 12915 Grant Street  
 Suite 450

City Overland Park State KS Zip Code 66213

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 ▼  
 540.00

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : A2011-2773883**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Steven Robino**

Mailing Address 12915 Grant Street  
 Suite 450

City Overland Park State KS Zip Code 66213

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 ▼  
 570.00

Date of Receipt  
 09 / 16 / 2011  
**Transaction ID : A2011-2773922**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**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 113 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Steven Robino**  
Full Name (Last, First, Middle Initial)

Mailing Address 12915 Grant Street  
Suite 450

City Overland Park State KS Zip Code 66213

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 ▼ **600.00**

Date of Receipt  
**09 / 30 / 2011**  
Transaction ID : **A2011-2773961**

Amount of Each Receipt this Period  
**30.00**

**B. Steven Robino**  
Full Name (Last, First, Middle Initial)

Mailing Address 12915 Grant Street  
Suite 450

City Overland Park State KS Zip Code 66213

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 ▼ **630.00**

Date of Receipt  
**10 / 14 / 2011**  
Transaction ID : **A2011-2991074**

Amount of Each Receipt this Period  
**30.00**

**C. Steven Robino**  
Full Name (Last, First, Middle Initial)

Mailing Address 12915 Grant Street  
Suite 450

City Overland Park State KS Zip Code 66213

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 ▼ **660.00**

Date of Receipt  
**10 / 28 / 2011**  
Transaction ID : **A2011-2991332**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**

**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 114 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Steven Robino**

Mailing Address 12915 Grant Street  
 Suite 450

City Overland Park      State KS      Zip Code 66213

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 ▼  
 690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : A2011-3215954**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Steven Robino**

Mailing Address 12915 Grant Street  
 Suite 450

City Overland Park      State KS      Zip Code 66213

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 ▼  
 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : A2011-3215993**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Steven Robino**

Mailing Address 12915 Grant Street  
 Suite 450

City Overland Park      State KS      Zip Code 66213

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 ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : A2011-3392322**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**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 115 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Steven Robino**

Mailing Address 12915 Grant Street  
 Suite 450

City Overland Park State KS Zip Code 66213

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 ▼  
 780.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : A2011-3392361**

Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**B. Rebecca Sanborn**

Mailing Address 40 Calverton Road  
 Suite 450

City St. Louis State MO Zip Code 63135

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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 08 / 2011  
**Transaction ID : A2011-1654304**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Rebecca Sanborn**

Mailing Address 40 Calverton Road  
 Suite 450

City St. Louis State MO Zip Code 63135

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 ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 22 / 2011  
**Transaction ID : A2011-1789946**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00

**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 116 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Rebecca Sanborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Calverton Road  
Suite 450

City St. Louis State MO Zip Code 63135

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 ▼  
400.00

Date of Receipt  
08 / 05 / 2011  
**Transaction ID : A2011-1789985**

Amount of Each Receipt this Period  
25.00

**B. Rebecca Sanborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Calverton Road  
Suite 450

City St. Louis State MO Zip Code 63135

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 ▼  
425.00

Date of Receipt  
08 / 19 / 2011  
**Transaction ID : A2011-2374300**

Amount of Each Receipt this Period  
25.00

**C. Rebecca Sanborn**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Calverton Road  
Suite 450

City St. Louis State MO Zip Code 63135

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 ▼  
450.00

Date of Receipt  
09 / 02 / 2011  
**Transaction ID : A2011-2773886**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 117 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Rebecca Sanborn**

Mailing Address 40 Calverton Road  
 Suite 450

City State Zip Code  
 St. Louis MO 63135

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011

**Transaction ID : A2011-2773925**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Rebecca Sanborn**

Mailing Address 40 Calverton Road  
 Suite 450

City State Zip Code  
 St. Louis MO 63135

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2011

**Transaction ID : A2011-2773964**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Rebecca Sanborn**

Mailing Address 40 Calverton Road  
 Suite 450

City State Zip Code  
 St. Louis MO 63135

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011

**Transaction ID : A2011-2991077**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 118 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Rebecca Sanborn**

Mailing Address 40 Calverton Road  
 Suite 450

City State Zip Code  
 St. Louis MO 63135

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : A2011-2991335**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Rebecca Sanborn**

Mailing Address 40 Calverton Road  
 Suite 450

City State Zip Code  
 St. Louis MO 63135

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : A2011-3215957**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Rebecca Sanborn**

Mailing Address 40 Calverton Road  
 Suite 450

City State Zip Code  
 St. Louis MO 63135

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : A2011-3215996**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 119 OF 135
	<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

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**

Full Name (Last, First, Middle Initial) <b>A. Rebecca Sanborn</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 09 / 2011 <b>Transaction ID : A2011-3392325</b>
Mailing Address 40 Calverton Road Suite 450		Amount of Each Receipt this Period 25.00
City St. Louis	State MO	Zip Code 63135
FEC ID number of contributing federal political committee. C	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 ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>B. Rebecca Sanborn</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 23 / 2011 <b>Transaction ID : A2011-3392364</b>
Mailing Address 40 Calverton Road Suite 450		Amount of Each Receipt this Period 25.00
City St. Louis	State MO	Zip Code 63135
FEC ID number of contributing federal political committee. C	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 ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Scherr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011 <b>Transaction ID : A2011-2991061</b>
Mailing Address 4679 Shelley Lane		Amount of Each Receipt this Period 10.00
City Ellicott City	State MD	Zip Code 21043
FEC ID number of contributing federal political committee. C	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 ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<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: (check only one)	PAGE 120 OF 135
<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**

Full Name (Last, First, Middle Initial) <b>A. Daniel Scherr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2011 <b>Transaction ID : A2011-2991319</b>
Mailing Address 4679 Shelley Lane		Amount of Each Receipt this Period 10.00
City Ellicott City	State MD	Zip Code 21043
FEC ID number of contributing federal political committee. C	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 ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Daniel Scherr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2011 <b>Transaction ID : A2011-3215941</b>
Mailing Address 4679 Shelley Lane		Amount of Each Receipt this Period 10.00
City Ellicott City	State MD	Zip Code 21043
FEC ID number of contributing federal political committee. C	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 ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Scherr</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 25 / 2011 <b>Transaction ID : A2011-3215980</b>
Mailing Address 4679 Shelley Lane		Amount of Each Receipt this Period 10.00
City Ellicott City	State MD	Zip Code 21043
FEC ID number of contributing federal political committee. C	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 ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<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 121 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Daniel Scherr**

Mailing Address 4679 Shelley Lane

City State Zip Code  
 Ellicott City MD 21043

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 12 / 09 / 2011  
**Transaction ID : A2011-3392309**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**B. Daniel Scherr**

Mailing Address 4679 Shelley Lane

City State Zip Code  
 Ellicott City MD 21043

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

Name of Employer Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 12 / 23 / 2011  
**Transaction ID : A2011-3392348**

Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Ann Stoeppelwerth**

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 Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 532.00

Date of Receipt  
 07 / 08 / 2011  
**Transaction ID : A2011-1654310**

Amount of Each Receipt this Period  
 38.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.00

**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 122 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ann Stoepfelwerth**

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 Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 570.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2011  
**Transaction ID : A2011-178952**

Amount of Each Receipt this Period  
 38.00

Full Name (Last, First, Middle Initial)  
**B. Ann Stoepfelwerth**

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 Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 608.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2011  
**Transaction ID : A2011-178991**

Amount of Each Receipt this Period  
 38.00

Full Name (Last, First, Middle Initial)  
**C. Ann Stoepfelwerth**

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 Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 646.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2011  
**Transaction ID : A2011-2374306**

Amount of Each Receipt this Period  
 38.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00

**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 123 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ann Stoepfelwerth**

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 Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 684.00

Date of Receipt  
 09 / 02 / 2011  
**Transaction ID : A2011-2773892**

Amount of Each Receipt this Period  
 38.00

Full Name (Last, First, Middle Initial)  
**B. Ann Stoepfelwerth**

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 Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 722.00

Date of Receipt  
 09 / 16 / 2011  
**Transaction ID : A2011-2773931**

Amount of Each Receipt this Period  
 38.00

Full Name (Last, First, Middle Initial)  
**C. Ann Stoepfelwerth**

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 Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 09 / 30 / 2011  
**Transaction ID : A2011-2773970**

Amount of Each Receipt this Period  
 38.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00

**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 124 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Ann Stoepfelwerth**

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 Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 798.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : A2011-2991083**

Amount of Each Receipt this Period  
 38.00

Full Name (Last, First, Middle Initial)  
**B. Ann Stoepfelwerth**

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 Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 836.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : A2011-2991341**

Amount of Each Receipt this Period  
 38.00

Full Name (Last, First, Middle Initial)  
**C. Ann Stoepfelwerth**

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 Occupation  
 Coventry Health Care Inc. Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 874.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : A2011-3215963**

Amount of Each Receipt this Period  
 38.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00

**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 125 OF 135
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Ann Stoepfelwerth**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 912.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2011  
**Transaction ID : A2011-3216002**  
 Amount of Each Receipt this Period  
 38.00

**B. Ann Stoepfelwerth**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 950.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 09 / 2011  
**Transaction ID : A2011-3392331**  
 Amount of Each Receipt this Period  
 38.00

**C. Ann Stoepfelwerth**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 988.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : A2011-3392370**  
 Amount of Each Receipt this Period  
 38.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<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 128 OF 135  
(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**

Full Name (Last, First, Middle Initial)  
**A. Lisa Williams**  
 Mailing Address 901 New York Avenue NW Third Fl.  
 City Washington State DC Zip Code 20001  
 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2011  
**Transaction ID : A2011-2374312**  
 Amount of Each Receipt this Period  
 15.00

Full Name (Last, First, Middle Initial)  
**B. Lisa Williams**  
 Mailing Address 901 New York Avenue NW Third Fl.  
 City Washington State DC Zip Code 20001  
 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 ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2011  
**Transaction ID : A2011-2773898**  
 Amount of Each Receipt this Period  
 15.00

Full Name (Last, First, Middle Initial)  
**C. Lisa Williams**  
 Mailing Address 901 New York Avenue NW Third Fl.  
 City Washington State DC Zip Code 20001  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2011  
**Transaction ID : A2011-2773937**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**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 129 OF 135
<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. Lisa Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

**Transaction ID : A2011-2773976**

Amount of Each Receipt this Period  
15.00

**B. Lisa Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	14	/	2011

**Transaction ID : A2011-2991089**

Amount of Each Receipt this Period  
15.00

**C. Lisa Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2011

**Transaction ID : A2011-2991347**

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<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 130 OF 135 (check only one)
<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"/>	<input type="checkbox"/> 17

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

**A. Lisa Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2011

**Transaction ID : A2011-3215969**

Amount of Each Receipt this Period  

15.00
-------

**B. Lisa Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2011

**Transaction ID : A2011-3216008**

Amount of Each Receipt this Period  

15.00
-------

**C. Lisa Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 New York Avenue NW Third Fl.

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

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 ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

**Transaction ID : A2011-3392337**

Amount of Each Receipt this Period  

15.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 131 OF 135  
(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. Lisa Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 New York Avenue NW Third Fl.  
 City Washington State DC Zip Code 20001  
 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 ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 23 / 2011  
**Transaction ID : A2011-3392376**  
 Amount of Each Receipt this Period  
 15.00

**B. Rachel Zektser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2002 William Franklin Drive Suite 450  
 City Frederick State MD Zip Code 21702  
 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 ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2011  
**Transaction ID : A2011-2991076**  
 Amount of Each Receipt this Period  
 10.00

**C. Rachel Zektser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2002 William Franklin Drive Suite 450  
 City Frederick State MD Zip Code 21702  
 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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2011  
**Transaction ID : A2011-2991334**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35.00  
**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 132 OF 135
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

**A. Rachel Zektser**  
Full Name (Last, First, Middle Initial)

Mailing Address 2002 William Franklin Drive  
Suite 450

City Frederick State MD Zip Code 21702

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 ▼  
230.00

Date of Receipt  
11 / 10 / 2011  
**Transaction ID : A2011-3215956**

Amount of Each Receipt this Period  
10.00

**B. Rachel Zektser**  
Full Name (Last, First, Middle Initial)

Mailing Address 2002 William Franklin Drive  
Suite 450

City Frederick State MD Zip Code 21702

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  
11 / 25 / 2011  
**Transaction ID : A2011-3215995**

Amount of Each Receipt this Period  
10.00

**C. Rachel Zektser**  
Full Name (Last, First, Middle Initial)

Mailing Address 2002 William Franklin Drive  
Suite 450

City Frederick State MD Zip Code 21702

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 ▼  
250.00

Date of Receipt  
12 / 09 / 2011  
**Transaction ID : A2011-3392324**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

**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 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

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Peter Hammen**

Mailing Address P.O. Box 4801

City Timonium State MD Zip Code 21094

Purpose of Disbursement  
P-2012 State House 46 MD

011

Candidate Name  
**Peter A Hammen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 20 / 2011

**Transaction ID : B400345**

Amount of Each Disbursement this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Friends of Senator Don White**

Mailing Address P.O. Box 363

City Indiana State PA Zip Code 15701

Purpose of Disbursement  
P-2012 State Senate 41 PA

011

Candidate Name  
**Donald C White**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 23 / 2011

**Transaction ID : B394636**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Rob McCord**

Mailing Address 1200 Liberty Ridge Dr. Suite 200

City Wayne State PA Zip Code 19067

Purpose of Disbursement  
P-2012 State Treasurer PA

011

Candidate Name  
**Rob McCord**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 04 / 2011

**Transaction ID : B400344**

Amount of Each Disbursement this Period

500.00

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

2250.00

**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 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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Mike Turzai**

Mailing Address P.O. Box 721

City Wexford State PA Zip Code 15090

Purpose of Disbursement  
P-2012 State House 28 PA

011

Category/  
Type

Candidate Name  
**Mike Turzai**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 17 / 2011

**Transaction ID : B397404**

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

600.00

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

2850.00