

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Coventry Health Care Inc - First Health Group Corp PAC

ADDRESS (number and street) 901 New York Avenue NW Third Fl. Washington DC 20001 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00217216 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer John Ruhlmann

Signature of Treasurer Electronically Filed by John Ruhlmann Date 01 30 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		94963.14
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	110957.71									
(c) Total Receipts (from Line 19) .....	8097.96	55542.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	119055.67	150505.67								
7. Total Disbursements (from Line 31) .....	0.00	31450.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	119055.67	119055.67								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7258.96	43929.81
(i) Itemized (use Schedule A) .....	283.00	10774.83
(ii) Unitemized .....	7541.96	54704.64
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7541.96	54704.64
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	556.00	837.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	8097.96	55542.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8097.96	55542.53

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	27500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	-50.00
(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	-50.00
29. Other Disbursements.....	0.00	4000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	31450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	31450.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	7541.96	54704.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	-50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7541.96	54754.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	556.00	837.89
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-556.00	-837.89

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 65
	<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 Corp PAC

**A.** Full Name (Last, First, Middle Initial)  
Scott Allocco

Mailing Address 304 Taplow Rd.

City State Zip Code  
Baltimore MD 21212

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

Name of Employer Coventry Health Care Inc. Occupation Unassigned

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1825.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2006

**Transaction ID:** A2006-1762817

Amount of Each Receipt this Period  
825.00

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

Mailing Address 7617 Queens Court

City State Zip Code  
Downers Grove IL 60516

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

Name of Employer Coventry Health Care Inc. Occupation Assistant Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 846.12

Date of Receipt  
MM / DD / YYYY  
11 / 28 / 2006

**Transaction ID:** A2006-1789122

Amount of Each Receipt this Period  
38.46

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

Mailing Address 7617 Queens Court

City State Zip Code  
Downers Grove IL 60516

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

Name of Employer Coventry Health Care Inc. Occupation Assistant Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2006

**Transaction ID:** A2006-1789069

Amount of Each Receipt this Period  
38.46

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>901.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A. Mary Baranowski</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 7617 Queens Court		<b>Transaction ID: A2006-1789176</b>	
City State Zip Code Downers Grove IL 60516		Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.		Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 923.04	

Full Name (Last, First, Middle Initial) <b>B. Mary Baranowski</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 7617 Queens Court		<b>Transaction ID: A2006-2046187</b>	
City State Zip Code Downers Grove IL 60516		Amount of Each Receipt this Period 38.46	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.		Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 961.50	

Full Name (Last, First, Middle Initial) <b>C. Pamela Barnes</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID: A2006-1789101</b>	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	86.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Pamela Barnes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1789048	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Pamela Barnes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1789155	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Pamela Barnes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-2046166	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 65
	<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 Corp PAC

**A.** Full Name (Last, First, Middle Initial)  
Isadore Baseman

Mailing Address 3721 TecPort Drive

City State Zip Code  
Harrisburg PA 17106

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 / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789125

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Sandra Berg

Mailing Address 949 Darius Av

City State Zip Code  
Naperville IL 60565

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 / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789094

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Sandra Berg

Mailing Address 949 Darius Av

City State Zip Code  
Naperville IL 60565

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  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789041

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	95.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Sandra Berg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 949 Darius Av		<b>Transaction ID:</b> A2006-1789148	
City State Zip Code Naperville IL 60565	Amount of Each Receipt this Period 10.00		
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Sandra Berg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 949 Darius Av		<b>Transaction ID:</b> A2006-2046159	
City State Zip Code Naperville IL 60565	Amount of Each Receipt this Period 10.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dale Bleicher		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 10020 Bellona Court		<b>Transaction ID:</b> A2006-1789119	
City State Zip Code Richmond VA 23233	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Systems Analyst		
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) ..... ▶	40.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dale Bleecher

Mailing Address 10020 Bellona Court

City Richmond State VA Zip Code 23233

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

Name of Employer Coventry Health Care Inc. Occupation Systems Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

**Transaction ID:** A2006-1789066

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Dale Bleecher

Mailing Address 10020 Bellona Court

City Richmond State VA Zip Code 23233

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

Name of Employer Coventry Health Care Inc. Occupation Systems Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** A2006-1789173

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Dale Bleecher

Mailing Address 10020 Bellona Court

City Richmond State VA Zip Code 23233

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

Name of Employer Coventry Health Care Inc. Occupation Systems Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** A2006-2046184

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A. Edward Borovatz</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 11700 Trophy Club Dr.		<b>Transaction ID: A2006-1789108</b>	
City State Zip Code Midlothian VA 23113		Amount of Each Receipt this Period 25.00	
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. Edward Borovatz</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 11700 Trophy Club Dr.		<b>Transaction ID: A2006-1789055</b>	
City State Zip Code Midlothian VA 23113		Amount of Each Receipt this Period 25.00	
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. Edward Borovatz</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 11700 Trophy Club Dr.		<b>Transaction ID: A2006-1789162</b>	
City State Zip Code Midlothian VA 23113		Amount of Each Receipt this Period 25.00	
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 65
	<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 Corp PAC

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

Mailing Address 11700 Trophy Club Dr.

City State Zip Code  
Midlothian VA 23113

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  
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046173

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Marcey Brandon

Mailing Address 3200 Highland Ave

City State Zip Code  
Downers Grove IL 60515

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 / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789117

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Marcey Brandon

Mailing Address 3200 Highland Ave

City State Zip Code  
Downers Grove IL 60515

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 / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789064

Amount of Each Receipt this Period  
10.00

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A.</b> Marcey Brandon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789171
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Marcey Brandon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-2046182
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Charles Byrd		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 4240 Cox Road		<b>Transaction ID:</b> A2006-1789142
City State Zip Code Glen Allen VA 23060	Amount of Each Receipt this Period 38.47	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.23	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	58.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 65
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Charles Byrd		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 4240 Cox Road		<b>Transaction ID:</b> A2006-1789088	
City Glen Allen	State VA	Zip Code 23060	Amount of Each Receipt this Period 38.47
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 ▼ 384.70		

Full Name (Last, First, Middle Initial) <b>B.</b> Charles Byrd		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 4240 Cox Road		<b>Transaction ID:</b> A2006-1789195	
City Glen Allen	State VA	Zip Code 23060	Amount of Each Receipt this Period 38.47
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 ▼ 423.17		

Full Name (Last, First, Middle Initial) <b>C.</b> Charles Byrd		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4240 Cox Road		<b>Transaction ID:</b> A2006-2046205	
City Glen Allen	State VA	Zip Code 23060	Amount of Each Receipt this Period 38.47
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 ▼ 461.64		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Catherine Cozzi		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789107	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Catherine Cozzi		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789054	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Catherine Cozzi		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789161	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. Catherine Cozzi</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID: A2006-2046172</b>	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Dennis Czechanski</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 926 White Birch Ln		<b>Transaction ID: A2006-1789096</b>	
City State Zip Code Westmont IL 60559	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation National Sales 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>C. Dennis Czechanski</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 926 White Birch Ln		<b>Transaction ID: A2006-1789043</b>	
City State Zip Code Westmont IL 60559	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation National Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.92		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	48.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dennis Czechanski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 926 White Birch Ln		<b>Transaction ID:</b> A2006-1789150	
City State Zip Code Westmont IL 60559		Amount of Each Receipt this Period 14.04	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.		Occupation National Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.96	

Full Name (Last, First, Middle Initial) <b>B.</b> Dennis Czechanski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 926 White Birch Ln		<b>Transaction ID:</b> A2006-2046161	
City State Zip Code Westmont IL 60559		Amount of Each Receipt this Period 14.04	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.		Occupation National Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) <b>C.</b> E. Pauline Degenfelder		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-1789140	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.		Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	78.08
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> E. Pauline Degenfelder		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-1789086	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>B.</b> E. Pauline Degenfelder		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-1789193	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) <b>C.</b> E. Pauline Degenfelder		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-2046203	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Alan Dileo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 637 Westridge Drive		<b>Transaction ID:</b> A2006-1789115	
City State Zip Code Aurora IL 60504	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Alan Dileo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 637 Westridge Drive		<b>Transaction ID:</b> A2006-1789062	
City State Zip Code Aurora IL 60504	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 375.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Alan Dileo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 637 Westridge Drive		<b>Transaction ID:</b> A2006-1789169	
City State Zip Code Aurora IL 60504	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A.</b> Alan Dileo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 637 Westridge Drive		<b>Transaction ID:</b> A2006-2046180	
City State Zip Code Aurora IL 60504	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 425.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Judith Elliott		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789113	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Judith Elliott		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789060	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Judith Elliott		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789167	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Judith Elliott		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-2046178	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Adrian Engels		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 2523 E Oak Grove Dr		<b>Transaction ID:</b> A2006-1789092	
City Sandy	State UT	Zip Code 84092	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation Supervisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A. Adrian Engels</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2523 E Oak Grove Dr		<b>Transaction ID: A2006-1789039</b>	
City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Supervisor		
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>B. Adrian Engels</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2523 E Oak Grove Dr		<b>Transaction ID: A2006-1789146</b>	
City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Supervisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. Adrian Engels</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2523 E Oak Grove Dr		<b>Transaction ID: A2006-2046157</b>	
City State Zip Code Sandy UT 84092	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Supervisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Mailing Address 550 Maryville Center Drive

City State Zip Code  
St. Louis MO 63141

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 / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

**Transaction ID:** A2006-1789127

Amount of Each Receipt this Period  
20.00

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

Mailing Address 550 Maryville Center Drive

City State Zip Code  
St. Louis MO 63141

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 / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

**Transaction ID:** A2006-1789073

Amount of Each Receipt this Period  
20.00

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

Mailing Address 550 Maryville Center Drive

City State Zip Code  
St. Louis MO 63141

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 / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** A2006-1789180

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 65
	<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 Corp PAC

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

Mailing Address 550 Maryville Center Drive

City State Zip Code  
St. Louis MO 63141

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 / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046191

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Jane Furtwangles

Mailing Address 3200 Highland Avenue

City State Zip Code  
Downers Grove IL 60515

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 ▼ 308.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789097

Amount of Each Receipt this Period  
14.04

**C.** Full Name (Last, First, Middle Initial)  
Jane Furtwangles

Mailing Address 3200 Highland Avenue

City State Zip Code  
Downers Grove IL 60515

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 ▼ 322.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789044

Amount of Each Receipt this Period  
14.04

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	48.08
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
Jane Furtwangles

Mailing Address 3200 Highland Avenue

City Downers Grove State IL Zip Code 60515

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 ▼ 336.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** A2006-1789151

Amount of Each Receipt this Period  
14.04

**B.** Full Name (Last, First, Middle Initial)  
Jane Furtwangles

Mailing Address 3200 Highland Avenue

City Downers Grove State IL Zip Code 60515

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  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** A2006-2046162

Amount of Each Receipt this Period  
14.04

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

Mailing Address 3200 Highland Avenue

City Downers Grove State IL Zip Code 60515

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 ▼ 308.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

**Transaction ID:** A2006-1789105

Amount of Each Receipt this Period  
14.04

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 65
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Greg Hale		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-1789052	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 322.92		

Full Name (Last, First, Middle Initial) <b>B.</b> Greg Hale		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-1789159	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 336.96		

Full Name (Last, First, Middle Initial) <b>C.</b> Greg Hale		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-2046170	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 351.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 65						
	(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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Bruce Hodges		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-1789109	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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.</b> Bruce Hodges		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-1789056	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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.</b> Bruce Hodges		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-1789163	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Bruce Hodges		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		<b>Transaction ID:</b> A2006-2046174	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kim Isbell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 6140 Moss Rose Ln		<b>Transaction ID:</b> A2006-1789104	
City State Zip Code Aubrey TX 76227	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Kim Isbell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 6140 Moss Rose Ln		<b>Transaction ID:</b> A2006-1789051	
City State Zip Code Aubrey TX 76227	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 65
	<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 Corp PAC**

<b>A.</b> Full Name (Last, First, Middle Initial) Kim Isbell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 6140 Moss Rose Ln		<b>Transaction ID:</b> A2006-1789158
City State Zip Code Aubrey TX 76227	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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>B.</b> Full Name (Last, First, Middle Initial) Kim Isbell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 6140 Moss Rose Ln		<b>Transaction ID:</b> A2006-2046169
City State Zip Code Aubrey TX 76227	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) David G Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2225 E. Marilyn Rd		<b>Transaction ID:</b> A2006-1745849
City State Zip Code Phoenix AZ 85022	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 65
	<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 Corp PAC

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

Mailing Address 2225 E. Marilyn Rd

City State Zip Code  
Phoenix AZ 85022

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 ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

**Transaction ID:** A2006-1745850

Amount of Each Receipt this Period  
200.00

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

Mailing Address 2225 E. Marilyn Rd

City State Zip Code  
Phoenix AZ 85022

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 ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 6

**Transaction ID:** A2006-1764055

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mahmood Kassim

Mailing Address 10 S. Broadway Suite 1200

City State Zip Code  
St. Louis MO 63102

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  
1 1 / 2 8 / 2 0 0 6

**Transaction ID:** A2006-1789138

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	430.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A.</b> Mahmood Kassim		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 10 S. Broadway Suite 1200		<b>Transaction ID:</b> A2006-1789084	
City State Zip Code St. Louis MO 63102	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Mahmood Kassim		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 10 S. Broadway Suite 1200		<b>Transaction ID:</b> A2006-1789191	
City State Zip Code St. Louis MO 63102	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mahmood Kassim		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 10 S. Broadway Suite 1200		<b>Transaction ID:</b> A2006-2046201	
City State Zip Code St. Louis MO 63102	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 540.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	90.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 65
	<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 Corp PAC

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Kurzenoerfer

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 ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789121

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Kurzenoerfer

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 ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789068

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth Kurzenoerfer

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 ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789175

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046186

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
John Langenus

Mailing Address 3200 S. Highland Ave.

City Downers Grove State IL Zip Code 60515

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 / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789129

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
John Langenus

Mailing Address 3200 S. Highland Ave.

City Downers Grove State IL Zip Code 60515

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 / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789075

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 65
	<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 Corp PAC

**A.** Full Name (Last, First, Middle Initial)  
John Langenus

Mailing Address 3200 S. Highland Ave.

City Downers Grove State IL Zip Code 60515

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  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** A2006-1789182

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
John Langenus

Mailing Address 3200 S. Highland Ave.

City Downers Grove State IL Zip Code 60515

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  
1 2 / 2 9 / 2 0 0 6

**Transaction ID:** A2006-2046193

Amount of Each Receipt this Period  
25.00

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

Mailing Address 3200 S. Highland Ave.

City Downers Grove State IL Zip Code 60515

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 / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

**Transaction ID:** A2006-1789110

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Joan Liberatore		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-1789057	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Joan Liberatore		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-1789164	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Joan Liberatore		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-2046175	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 65
	<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 Corp PAC

**A.** Full Name (Last, First, Middle Initial)  
John Martin

Mailing Address 3200 S. Highland Ave

City Downers Grove State IL Zip Code 60515

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 / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789124

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
John Martin

Mailing Address 3200 S. Highland Ave

City Downers Grove State IL Zip Code 60515

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 / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789071

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
John Martin

Mailing Address 3200 S. Highland Ave

City Downers Grove State IL Zip Code 60515

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 / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789178

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> John Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-2046189	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kris Mazurowski		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789116	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Kris Mazurowski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789063	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 65						
	(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

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

Full Name (Last, First, Middle Initial) <b>A.</b> Kris Mazurowski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789170	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kris Mazurowski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-2046181	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Jay Moorhead		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 2751 Centerville Road		<b>Transaction ID:</b> A2006-1789131	
City State Zip Code Wilmington DE 19808		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 640.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jay Moorhead		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2751 Centerville Road		<b>Transaction ID:</b> A2006-1789077	
City State Zip Code Wilmington DE 19808	Amount of Each Receipt this Period 40.00		
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 ▼ 680.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jay Moorhead		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2751 Centerville Road		<b>Transaction ID:</b> A2006-1789184	
City State Zip Code Wilmington DE 19808	Amount of Each Receipt this Period 40.00		
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 ▼ 720.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jay Moorhead		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 2751 Centerville Road		<b>Transaction ID:</b> A2006-2046194	
City State Zip Code Wilmington DE 19808	Amount of Each Receipt this Period 40.00		
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		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Jack Noble		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 8320 Ward Pkwy.		Transaction ID: A2006-1789139	
City Kansas City	State MO	Zip Code 64114	Amount of Each Receipt this Period 15.00
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Jack Noble		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 8320 Ward Pkwy.		Transaction ID: A2006-1789085	
City Kansas City	State MO	Zip Code 64114	Amount of Each Receipt this Period 15.00
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 ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jack Noble		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 8320 Ward Pkwy.		Transaction ID: A2006-1789192	
City Kansas City	State MO	Zip Code 64114	Amount of Each Receipt this Period 15.00
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) .....	45.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) A. Jack Noble		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 8320 Ward Pkwy.		Transaction ID: A2006-2046202
City Kansas City	State MO	Zip Code 64114
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
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 ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Martin Ovens		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 43 Sussex Court		Transaction ID: A2006-1789095
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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) C. Martin Ovens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 43 Sussex Court		Transaction ID: A2006-1789042
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	55.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Martin Owens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 43 Sussex Court		<b>Transaction ID:</b> A2006-1789149	
City State Zip Code Naperville IL 60540	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Martin Owens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 43 Sussex Court		<b>Transaction ID:</b> A2006-2046160	
City State Zip Code Naperville IL 60540	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Karen Panici		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 1400 N State Pkwy		<b>Transaction ID:</b> A2006-1789093	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 19.24		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 423.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	59.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Karen Panici		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1400 N State Pkwy		<b>Transaction ID:</b> A2006-1789040	
City Chicago	State IL	Zip Code 60610	Amount of Each Receipt this Period 19.24
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 ▼ 442.52		

Full Name (Last, First, Middle Initial) <b>B.</b> Karen Panici		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1400 N State Pkwy		<b>Transaction ID:</b> A2006-1789147	
City Chicago	State IL	Zip Code 60610	Amount of Each Receipt this Period 19.24
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 ▼ 461.76		

Full Name (Last, First, Middle Initial) <b>C.</b> Karen Panici		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1400 N State Pkwy		<b>Transaction ID:</b> A2006-2046158	
City Chicago	State IL	Zip Code 60610	Amount of Each Receipt this Period 19.24
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 ▼ 481.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	57.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A.</b> Andre Polissedjian		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1789099
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Andre Polissedjian		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1789046
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Andre Polissedjian		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1789153
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	90.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A. Andre Polissedjian</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID: A2006-2046164</b>	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) <b>B. Donald Potempa</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 426 Verret St		<b>Transaction ID: A2006-1762819</b>	
City State Zip Code Elmhurst IL 60126	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Gerard Quinn</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID: A2006-1789112</b>	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1090.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 65
	<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 Corp PAC

**A.** Full Name (Last, First, Middle Initial)  
Gerard Quinn

Mailing Address 3200 S. Highland Ave

City Downers Grove State IL Zip Code 60515

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 ▼ 1380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 0 1 / 2 0 0 6

**Transaction ID:** A2006-1789059

Amount of Each Receipt this Period  
 60.00

**B.** Full Name (Last, First, Middle Initial)  
Gerard Quinn

Mailing Address 3200 S. Highland Ave

City Downers Grove State IL Zip Code 60515

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 ▼ 1440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 5 / 2 0 0 6

**Transaction ID:** A2006-1789166

Amount of Each Receipt this Period  
 60.00

**C.** Full Name (Last, First, Middle Initial)  
Gerard Quinn

Mailing Address 3200 S. Highland Ave

City Downers Grove State IL Zip Code 60515

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 ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 2 9 / 2 0 0 6

**Transaction ID:** A2006-2046177

Amount of Each Receipt this Period  
 60.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	180.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Sabrina Rajendran		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-1789141
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Sabrina Rajendran		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-1789087
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Sabrina Rajendran		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID:</b> A2006-1789194
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 375.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 65		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) <b>A. Sabrina Rajendran</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		<b>Transaction ID: A2006-2046204</b>	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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. Steven Robino</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 8320 Ward Parkway		<b>Transaction ID: A2006-1789133</b>	
City State Zip Code Kansas City MO 64114		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. Steven Robino</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 8320 Ward Parkway		<b>Transaction ID: A2006-1789079</b>	
City State Zip Code Kansas City MO 64114		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 510.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	85.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 65
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Steven Robino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 8320 Ward Parkway		<b>Transaction ID:</b> A2006-1789186	
City State Zip Code Kansas City MO 64114	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 540.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Steven Robino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 8320 Ward Parkway		<b>Transaction ID:</b> A2006-2046196	
City State Zip Code Kansas City MO 64114	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 570.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dennis Roth		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1789103	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dennis Roth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1789050	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dennis Roth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-1789157	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dennis Roth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		<b>Transaction ID:</b> A2006-2046168	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Rebecca Sanborn		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 10 S. Broadway		<b>Transaction ID:</b> A2006-1789137	
City State Zip Code St. Louis MO 63102		Amount of Each Receipt this Period 25.00	
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.</b> Rebecca Sanborn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 10 S. Broadway		<b>Transaction ID:</b> A2006-1789083	
City State Zip Code St. Louis MO 63102		Amount of Each Receipt this Period 25.00	
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 ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Rebecca Sanborn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 10 S. Broadway		<b>Transaction ID:</b> A2006-1789190	
City State Zip Code St. Louis MO 63102		Amount of Each Receipt this Period 25.00	
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	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A. Rebecca Sanborn</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 10 S. Broadway		<b>Transaction ID: A2006-2046200</b>	
City State Zip Code St. Louis MO 63102		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>B. Daniel Scherr</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 7125 Ambassador Road Suite 100		<b>Transaction ID: A2006-1789091</b>	
City State Zip Code Woodlawn MD 21244		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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>C. Daniel Scherr</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 7125 Ambassador Road Suite 100		<b>Transaction ID: A2006-1789038</b>	
City State Zip Code Woodlawn MD 21244		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Daniel Scherr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 7125 Ambassador Road Suite 100		<b>Transaction ID:</b> A2006-1789145
City State Zip Code Woodlawn MD 21244	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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	

Full Name (Last, First, Middle Initial) <b>B.</b> Daniel Scherr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 7125 Ambassador Road Suite 100		<b>Transaction ID:</b> A2006-2046156
City State Zip Code Woodlawn MD 21244	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Ms. Melissa Schooley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 901 New York Ave. NW		<b>Transaction ID:</b> A2006-1789120
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 880.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	60.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 65
	<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 Corp PAC

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

Mailing Address 901 New York Ave. NW

City State Zip Code  
Washington DC 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 ▼ 920.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789067

Amount of Each Receipt this Period  
40.00

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

Mailing Address 901 New York Ave. NW

City State Zip Code  
Washington DC 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 ▼ 960.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789174

Amount of Each Receipt this Period  
40.00

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

Mailing Address 901 New York Ave. NW

City State Zip Code  
Washington DC 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 / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046185

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 65
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Bruce Shepperson

Mailing Address 3612 Locust Ct.

City State Zip Code  
Quinton VA 23141

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 / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

**Transaction ID:** A2006-1789106

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Bruce Shepperson

Mailing Address 3612 Locust Ct.

City State Zip Code  
Quinton VA 23141

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  
M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 6

**Transaction ID:** A2006-1789053

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Bruce Shepperson

Mailing Address 3612 Locust Ct.

City State Zip Code  
Quinton VA 23141

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 / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

**Transaction ID:** A2006-1789160

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 65		
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A. Bruce Shepperson</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3612 Locust Ct.		<b>Transaction ID: A2006-2046171</b>	
City State Zip Code Quinton VA 23141	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Allen Spath</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 6705 Rockledge Drive		<b>Transaction ID: A2006-1789134</b>	
City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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. Allen Spath</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 6705 Rockledge Drive		<b>Transaction ID: A2006-1789080</b>	
City State Zip Code Bethesda MD 20817	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 850.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Allen Spath		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 6705 Rockledge Drive		<b>Transaction ID:</b> A2006-1789187	
City State Zip Code Bethesda MD 20817		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Allen Spath		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 6705 Rockledge Drive		<b>Transaction ID:</b> A2006-2046197	
City State Zip Code Bethesda MD 20817		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 950.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Patrick Stopulos		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 2725 Ridgewood Ave		<b>Transaction ID:</b> A2006-1762818	
City State Zip Code Davenport IA 52803		Amount of Each Receipt this Period 335.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 335.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	435.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 65
	(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 Corp PAC

**A.** Full Name (Last, First, Middle Initial)  
Laurie Van Cleave

Mailing Address 550 Maryville Center Dr.

City State Zip Code  
St. Louis MO 63141

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 / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789196

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Laurie Van Cleave

Mailing Address 550 Maryville Center Dr.

City State Zip Code  
St. Louis MO 63141

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 / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046206

Amount of Each Receipt this Period  
20.00

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

Mailing Address 3200 Highland Ave

City State Zip Code  
Downers Grove IL 60515

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 ▼ 1269.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789100

Amount of Each Receipt this Period  
57.70

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	97.70
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 65
	<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 Corp PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Ernest Wells Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789047	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 57.70
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1327.10		

Full Name (Last, First, Middle Initial) <b>B.</b> Ernest Wells Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-1789154	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 57.70
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1384.80		

Full Name (Last, First, Middle Initial) <b>C.</b> Ernest Wells Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Ave		<b>Transaction ID:</b> A2006-2046165	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 57.70
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1442.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	173.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 65
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A.</b> Michael Wilson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Ave.		<b>Transaction ID:</b> A2006-1789102	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Wilson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Ave.		<b>Transaction ID:</b> A2006-1789049	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Wilson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Ave.		<b>Transaction ID:</b> A2006-1789156	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 65
	<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 Corp PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Wilson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Ave.		<b>Transaction ID:</b> A2006-2046167	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dale Wolf		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 6705 Rockledge Drive Suite 900		<b>Transaction ID:</b> A2006-1789144	
City State Zip Code Bethesda MD 20817		Amount of Each Receipt this Period 100.00	
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>C.</b> Full Name (Last, First, Middle Initial) Dale Wolf		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 6705 Rockledge Drive Suite 900		<b>Transaction ID:</b> A2006-1789090	
City State Zip Code Bethesda MD 20817		Amount of Each Receipt this Period 100.00	
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 ▼ 600.00	

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 65
	(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

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 Corp PAC

Full Name (Last, First, Middle Initial) Dale Wolf		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 6705 Rockledge Drive Suite 900		Transaction ID: A2006-1789197	
City Bethesda	State MD	Zip Code 20817	Amount of Each Receipt this Period 100.00
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 ▼ 700.00		

Full Name (Last, First, Middle Initial) Dale Wolf		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 6705 Rockledge Drive Suite 900		Transaction ID: A2006-2046207	
City Bethesda	State MD	Zip Code 20817	Amount of Each Receipt this Period 100.00
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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	7258.96

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 64 / 65	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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 Corp PAC

**A.** Full Name (Last, First, Middle Initial)  
Friends of Governor Fletcher

Mailing Address P.O. Box 910504

City State Zip Code  
Lexington KY 40591

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
556.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	6

**Transaction ID: A5808**

Amount of Each Receipt this Period  
556.00

Orig disclosed on 2005 Year End Report

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	556.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	556.00

Image# 27960026241

Form/Schedule: SA11A1

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.

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