

# 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 PAC

ADDRESS (number and street) 6720-B Rockledge Dr., Suite 800  
 Check if different than previously reported. (ACC)  
Bethesda MD 20817

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

5. Covering Period 01 01 2011 through 06 30 2011

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 07 29 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

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

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

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		99863.25
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	99863.25									
(c) Total Receipts (from Line 19) .....	23893.42	23893.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	123756.67	123756.67								
7. Total Disbursements (from Line 31) .....	8060.48	8060.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	115696.19	115696.19								
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 PAC

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	17211.60	17211.60
(ii) Unitemized .....	6681.82	6681.82
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23893.42	23893.42
(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) .....	23893.42	23893.42
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23893.42	23893.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23893.42	23893.42

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	160.48	160.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	160.48	160.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	7900.00	7900.00
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))..	8060.48	8060.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8060.48	8060.48

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) .....	23893.42	23893.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23893.42	23893.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	160.48	160.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	160.48	160.48

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Harry Monroe		Date of Receipt
	Mailing Address 901 New York Avenue NW Third Fl.		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coventry Health Care Inc.		Occupation Manager	<b>Transaction ID:</b> A2011-963817
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="225.00"/>	<input type="text" value="25.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Harry Monroe		Date of Receipt
	Mailing Address 901 New York Avenue NW Third Fl.		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coventry Health Care Inc.		Occupation Manager	<b>Transaction ID:</b> A2011-1184526
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="25.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Harry Monroe		Date of Receipt
	Mailing Address 901 New York Avenue NW Third Fl.		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coventry Health Care Inc.		Occupation Manager	<b>Transaction ID:</b> A2011-1184565
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="275.00"/>	<input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Harry Monroe

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

**Transaction ID:** A2011-1654188

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andrew L Asher

Mailing Address 433 Lakelands Drive

City State Zip Code  
Gaithersburg MD 20878

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2011

**Transaction ID:** A2011-84325

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 4669 W. Vista Drive

City State Zip Code  
Highland UT 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2011

**Transaction ID:** A2011-243765

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael Bahr

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** A2011-317916

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Bahr

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2011

**Transaction ID:** A2011-317949

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Bahr

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** A2011-862484

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

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

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

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

FOR LINE NUMBER: PAGE 10 / 60

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael Bahr

Mailing Address 4669 W. Vista Drive

City State Zip Code  
Highland UT 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 1

Transaction ID: A2011-963738

Amount of Each Receipt this Period

75.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
Michael Bahr

Mailing Address 4669 W. Vista Drive

City State Zip Code  
Highland UT 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: A2011-963772

Amount of Each Receipt this Period

75.00
-------

**C.**

Full Name (Last, First, Middle Initial)  
Michael Bahr

Mailing Address 4669 W. Vista Drive

City State Zip Code  
Highland UT 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: A2011-963808

Amount of Each Receipt this Period

75.00
-------

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

225.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael Bahr

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 05 / 13 / 2011  
**Transaction ID: A2011-1184517**  
 Amount of Each Receipt this Period: 75.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Bahr

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt: 05 / 27 / 2011  
**Transaction ID: A2011-1184556**  
 Amount of Each Receipt this Period: 75.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Bahr

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 06 / 10 / 2011  
**Transaction ID: A2011-1654179**  
 Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 60  
(check only one)

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

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

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

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt: 06 / 24 / 2011  
**Transaction ID:** A2011-1654257  
 Amount of Each Receipt this Period: 75.00

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

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 04 / 2011  
**Transaction ID:** A2011-317960  
 Amount of Each Receipt this Period: 50.00

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

Mailing Address 901 New York Avenue NW Third Fl.

City Washington State DC Zip Code 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 18 / 2011  
**Transaction ID:** A2011-862495  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 175.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 60

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
George Bennett

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: A2011-963748

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
George Bennett

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer 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  
0 4 / 1 5 / 2 0 1 1

Transaction ID: A2011-963782

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
George Bennett

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer 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  
0 4 / 2 9 / 2 0 1 1

Transaction ID: A2011-963818

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
George Bennett

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

Transaction ID: A2011-1184527

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
George Bennett

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

Transaction ID: A2011-1184566

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
George Bennett

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

Transaction ID: A2011-1654189

Amount of Each Receipt this Period  
50.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 60

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
George Bennett

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 24 / 2011

Transaction ID: A2011-1654265

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Edward Borovatz

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City State Zip Code  
Midlothian VA 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2011

Transaction ID: A2011-862472

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)  
Edward Borovatz

Mailing Address 14742 Rolling Spring Drive  
Apt #207-5

City State Zip Code  
Midlothian VA 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.00

Date of Receipt

M M / D D / Y Y Y Y  
04 / 01 / 2011

Transaction ID: A2011-963726

Amount of Each Receipt this Period

35.00

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

120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 60  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Coventry Health Care Inc - First Health Group PAC

**A.**

Full Name (Last, First, Middle Initial) Edward Borovatz		Date of Receipt MM / DD / YYYY 04 / 15 / 2011
Mailing Address 14742 Rolling Spring Drive Apt #207-5		<b>Transaction ID:</b> A2011-963760
City Midlothian	State VA	Zip Code 23114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
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 ▼ 280.00	

**B.**

Full Name (Last, First, Middle Initial) Edward Borovatz		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 14742 Rolling Spring Drive Apt #207-5		<b>Transaction ID:</b> A2011-963796
City Midlothian	State VA	Zip Code 23114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
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 ▼ 315.00	

**C.**

Full Name (Last, First, Middle Initial) Edward Borovatz		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 14742 Rolling Spring Drive Apt #207-5		<b>Transaction ID:</b> A2011-1184505
City Midlothian	State VA	Zip Code 23114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.00
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 ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Edward Borovatz		Date of Receipt MM / DD / YYYY 05 / 27 / 2011	
Mailing Address 14742 Rolling Spring Drive Apt #207-5		<b>Transaction ID:</b> A2011-1184544	
City Midlothian	State VA	Zip Code 23114	Amount of Each Receipt this Period 35.00
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 ▼ 385.00		

**B.**

Full Name (Last, First, Middle Initial) Edward Borovatz		Date of Receipt MM / DD / YYYY 06 / 10 / 2011	
Mailing Address 14742 Rolling Spring Drive Apt #207-5		<b>Transaction ID:</b> A2011-1654167	
City Midlothian	State VA	Zip Code 23114	Amount of Each Receipt this Period 35.00
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 ▼ 420.00		

**C.**

Full Name (Last, First, Middle Initial) Edward Borovatz		Date of Receipt MM / DD / YYYY 06 / 24 / 2011	
Mailing Address 14742 Rolling Spring Drive Apt #207-5		<b>Transaction ID:</b> A2011-1654245	
City Midlothian	State VA	Zip Code 23114	Amount of Each Receipt this Period 35.00
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 ▼ 455.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	105.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 60  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brian Britt</p> <p>Mailing Address 330 West Meadow Drive</p> <p>City State Zip Code Mechanicsburg PA 17055</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Coventry Health Care Inc. Occupation Manager</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 18 / 2011</span></p> <p><b>Transaction ID:</b> A2011-862485</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Brian Britt</p> <p>Mailing Address 330 West Meadow Drive</p> <p>City State Zip Code Mechanicsburg PA 17055</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Coventry Health Care Inc. Occupation Manager</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">280.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 01 / 2011</span></p> <p><b>Transaction ID:</b> A2011-963739</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Brian Britt</p> <p>Mailing Address 330 West Meadow Drive</p> <p>City State Zip Code Mechanicsburg PA 17055</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Coventry Health Care Inc. Occupation Manager</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">320.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 15 / 2011</span></p> <p><b>Transaction ID:</b> A2011-963773</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p>
---	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">120.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Brian Britt

Mailing Address 330 West Meadow Drive

City State Zip Code  
Mechanicsburg PA 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 04 / 29 / 2011  
Transaction ID: A2011-963809  
Amount of Each Receipt this Period: 40.00

**B.**

Full Name (Last, First, Middle Initial)  
Brian Britt

Mailing Address 330 West Meadow Drive

City State Zip Code  
Mechanicsburg PA 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 05 / 13 / 2011  
Transaction ID: A2011-1184518  
Amount of Each Receipt this Period: 40.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian Britt

Mailing Address 330 West Meadow Drive

City State Zip Code  
Mechanicsburg PA 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 05 / 27 / 2011  
Transaction ID: A2011-1184557  
Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 60

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Brian Britt

Mailing Address 330 West Meadow Drive

City State Zip Code  
Mechanicsburg PA 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 10 / 2011

Transaction ID: A2011-1654180

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)  
Brian Britt

Mailing Address 330 West Meadow Drive

City State Zip Code  
Mechanicsburg PA 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 24 / 2011

Transaction ID: A2011-1654258

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)  
David Fields

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 10 / 2011

Transaction ID: A2011-1654198

Amount of Each Receipt this Period

100.00

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

180.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 60

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Fields		Date of Receipt MM / DD / YYYY 06 / 24 / 2011		
	Mailing Address 901 New York Avenue NW Third Fl.		<b>Transaction ID:</b> A2011-1654274		
	City Washington	State DC	Zip Code 20001	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 ▼  
400.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Maria Fitzpatrick		Date of Receipt MM / DD / YYYY 02 / 18 / 2011		
	Mailing Address 5002 Cedar Croft Drive		<b>Transaction ID:</b> A2011-317922		
	City Bethesda	State MD	Zip Code 20814	Amount of Each Receipt this Period 58.00	
	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 ▼  
232.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Maria Fitzpatrick		Date of Receipt MM / DD / YYYY 03 / 04 / 2011		
	Mailing Address 5002 Cedar Croft Drive		<b>Transaction ID:</b> A2011-317955		
	City Bethesda	State MD	Zip Code 20814	Amount of Each Receipt this Period 58.00	
	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 ▼  
290.00

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

216.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Janet Hamner  
Mailing Address 10219 Pemcrest  
City San Antonio State TX Zip Code 78240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 234.00  
Date of Receipt 03 / 18 / 2011  
Transaction ID: A2011-862491  
Amount of Each Receipt this Period 39.00

**B.** Full Name (Last, First, Middle Initial)  
Janet Hamner  
Mailing Address 10219 Pemcrest  
City San Antonio State TX Zip Code 78240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 273.00  
Date of Receipt 04 / 01 / 2011  
Transaction ID: A2011-963744  
Amount of Each Receipt this Period 39.00

**C.** Full Name (Last, First, Middle Initial)  
Janet Hamner  
Mailing Address 10219 Pemcrest  
City San Antonio State TX Zip Code 78240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 312.00  
Date of Receipt 04 / 15 / 2011  
Transaction ID: A2011-963778  
Amount of Each Receipt this Period 39.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 117.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Janet Hamner

Mailing Address 10219 Pemcrest

City State Zip Code  
San Antonio TX 78240

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** A2011-963814

Amount of Each Receipt this Period  
39.00

**B.**

Full Name (Last, First, Middle Initial)  
Janet Hamner

Mailing Address 10219 Pemcrest

City State Zip Code  
San Antonio TX 78240

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** A2011-1184523

Amount of Each Receipt this Period  
39.00

**C.**

Full Name (Last, First, Middle Initial)  
Janet Hamner

Mailing Address 10219 Pemcrest

City State Zip Code  
San Antonio TX 78240

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 429.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** A2011-1184562

Amount of Each Receipt this Period  
39.00

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

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

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

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

FOR LINE NUMBER: PAGE 24 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Janet Hamner  
Mailing Address 10219 Pemcrest  
City San Antonio State TX Zip Code 78240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 468.00  
Date of Receipt 06 / 10 / 2011  
Transaction ID: A2011-1654185  
Amount of Each Receipt this Period 39.00

**B.** Full Name (Last, First, Middle Initial)  
Janet Hamner  
Mailing Address 10219 Pemcrest  
City San Antonio State TX Zip Code 78240  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 507.00  
Date of Receipt 06 / 24 / 2011  
Transaction ID: A2011-1654262  
Amount of Each Receipt this Period 39.00

**C.** Full Name (Last, First, Middle Initial)  
Lovell Harmon  
Mailing Address 901 New York Avenue NW Third Fl.  
City Washington State DC Zip Code 20001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 27 / 2011  
Transaction ID: A2011-1184570  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 128.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
06 / 10 / 2011

**Transaction ID:** A2011-1654193

Amount of Each Receipt this Period 50.00

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
06 / 24 / 2011

**Transaction ID:** A2011-1654269

Amount of Each Receipt this Period 50.00

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

Mailing Address 6140 Moss Rose Lane

City State Zip Code  
Aubrey TX 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
05 / 27 / 2011

**Transaction ID:** A2011-1184543

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Kim Isbell

Mailing Address 6140 Moss Rose Lane

City State Zip Code  
Aubrey TX 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

**Transaction ID:** A2011-1654166

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Kim Isbell

Mailing Address 6140 Moss Rose Lane

City State Zip Code  
Aubrey TX 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID:** A2011-1654244

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen Kalcevich

Mailing Address 1723 Hollyrood Rd.

City State Zip Code  
Pittsburgh PA 15227

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2011

**Transaction ID:** A2011-865940

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **540.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Bonnie Kitson

Mailing Address 4203 Shamans Drive

City State Zip Code  
Marietta GA 30062

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

Transaction ID: A2011-963810

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Bonnie Kitson

Mailing Address 4203 Shamans Drive

City State Zip Code  
Marietta GA 30062

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

Transaction ID: A2011-1184519

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Bonnie Kitson

Mailing Address 4203 Shamans Drive

City State Zip Code  
Marietta GA 30062

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

Transaction ID: A2011-1184558

Amount of Each Receipt this Period  
25.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Bonnie Kitson

Mailing Address 4203 Shamans Drive

City State Zip Code  
Marietta GA 30062

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

Transaction ID: A2011-1654181

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Bonnie Kitson

Mailing Address 4203 Shamans Drive

City State Zip Code  
Marietta GA 30062

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

Transaction ID: A2011-1654259

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Roman Kulich

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

Transaction ID: A2011-1184563

Amount of Each Receipt this Period  
20.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Roman Kulich

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt MM / DD / YYYY  
06 / 10 / 2011

Transaction ID: A2011-1654186

Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Roman Kulich

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY  
06 / 24 / 2011

Transaction ID: A2011-1654263

Amount of Each Receipt this Period 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth Kurzendoerfer

Mailing Address 5104 Remington Road

City State Zip Code  
San Diego CA 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 ▼ 225.00

Date of Receipt MM / DD / YYYY  
04 / 29 / 2011

Transaction ID: A2011-963799

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 65.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 250.00

Date of Receipt 05 / 13 / 2011  
Transaction ID: A2011-1184508  
Amount of Each Receipt this Period 25.00

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

Mailing Address 5104 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 27 / 2011  
Transaction ID: A2011-1184547  
Amount of Each Receipt this Period 25.00

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

Mailing Address 5104 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 10 / 2011  
Transaction ID: A2011-1654170  
Amount of Each Receipt this Period 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth Kurzendoerfer	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 5104 Remington Road	<b>Transaction ID:</b> A2011-1654248
	City State Zip Code San Diego CA 92115	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 ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Joan Liberatore	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 1549 Virginia Avenue	<b>Transaction ID:</b> A2011-963797
	City State Zip Code Monaca PA 15061	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 ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joan Liberatore	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 1549 Virginia Avenue	<b>Transaction ID:</b> A2011-1184506
	City State Zip Code Monaca PA 15061	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 ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 32 / 60

(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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Joan Liberatore

Mailing Address 1549 Virginia Avenue

City State Zip Code  
Monaca PA 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

Transaction ID: A2011-1184545

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Joan Liberatore

Mailing Address 1549 Virginia Avenue

City State Zip Code  
Monaca PA 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: A2011-1654168

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Joan Liberatore

Mailing Address 1549 Virginia Avenue

City State Zip Code  
Monaca PA 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: A2011-1654246

Amount of Each Receipt this Period  
25.00

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

75.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 60

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Clifford M Loper

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

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

Transaction ID: A2011-84324

Amount of Each Receipt this Period

650.00

**B.**

Full Name (Last, First, Middle Initial)  
Dawn Milstead

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

Transaction ID: A2011-1184534

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)  
Dawn Milstead

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

Transaction ID: A2011-1184573

Amount of Each Receipt this Period

75.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 06 / 10 / 2011  
Transaction ID: A2011-1654196  
Amount of Each Receipt this Period: 75.00

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 24 / 2011  
Transaction ID: A2011-1654272  
Amount of Each Receipt this Period: 75.00

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 01 / 21 / 2011  
Transaction ID: A2011-243743  
Amount of Each Receipt this Period: 192.30

**SUBTOTAL** of Receipts This Page (optional) ..... ► 342.30

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 60

(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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Nolan

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 576.90

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 1

Transaction ID: A2011-243774

Amount of Each Receipt this Period

192.30

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Nolan

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 769.20

Date of Receipt

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

Transaction ID: A2011-317925

Amount of Each Receipt this Period

192.30

**C.**

Full Name (Last, First, Middle Initial)  
Timothy Nolan

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 961.50

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 1

Transaction ID: A2011-317958

Amount of Each Receipt this Period

192.30

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

576.90

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Nolan

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.80

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** A2011-862493

Amount of Each Receipt this Period  
192.30

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Nolan

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.10

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2011

**Transaction ID:** A2011-963746

Amount of Each Receipt this Period  
192.30

**C.**

Full Name (Last, First, Middle Initial)  
Timothy Nolan

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2011

**Transaction ID:** A2011-963780

Amount of Each Receipt this Period  
192.30

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

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

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

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

FOR LINE NUMBER: PAGE 37 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** A2011-963816

Amount of Each Receipt this Period  
192.30

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** A2011-1184525

Amount of Each Receipt this Period  
192.30

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** A2011-1184564

Amount of Each Receipt this Period  
192.30

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Nolan

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

**Transaction ID:** A2011-1654187

Amount of Each Receipt this Period  
192.30

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Nolan

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID:** A2011-1654264

Amount of Each Receipt this Period  
192.30

**C.**

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

Mailing Address 234 Overbrook Road

City State Zip Code  
Valencia PA 16059

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** A2011-317919

Amount of Each Receipt this Period  
58.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **442.60**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 60		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Louise Osborne		Date of Receipt MM / DD / YYYY 03 / 04 / 2011		
	Mailing Address 234 Overbrook Road		<b>Transaction ID:</b> A2011-317952		
	City Valencia	State PA	Zip Code 16059	Amount of Each Receipt this Period 58.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coventry Health Care Inc.	Occupation Manager	Aggregate Year-to-Date 290.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Louise Osborne		Date of Receipt MM / DD / YYYY 03 / 18 / 2011		
	Mailing Address 234 Overbrook Road		<b>Transaction ID:</b> A2011-862487		
	City Valencia	State PA	Zip Code 16059	Amount of Each Receipt this Period 58.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coventry Health Care Inc.	Occupation Manager	Aggregate Year-to-Date 348.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Louise Osborne		Date of Receipt MM / DD / YYYY 04 / 01 / 2011		
	Mailing Address 234 Overbrook Road		<b>Transaction ID:</b> A2011-963741		
	City Valencia	State PA	Zip Code 16059	Amount of Each Receipt this Period 58.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coventry Health Care Inc.	Occupation Manager	Aggregate Year-to-Date 406.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	174.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 60  
(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 PAC

**A.**

Full Name (Last, First, Middle Initial) Mary Louise Osborne		Date of Receipt MM / DD / YYYY 04 / 15 / 2011
Mailing Address 234 Overbrook Road		<b>Transaction ID:</b> A2011-963775
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
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 ▼ 486.00	

**B.**

Full Name (Last, First, Middle Initial) Mary Louise Osborne		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 234 Overbrook Road		<b>Transaction ID:</b> A2011-963811
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
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 ▼ 566.00	

**C.**

Full Name (Last, First, Middle Initial) Mary Louise Osborne		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 234 Overbrook Road		<b>Transaction ID:</b> A2011-1184520
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
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 ▼ 646.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 41 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 234 Overbrook Road

City State Zip Code  
Valencia PA 16059

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 726.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** A2011-1184559

Amount of Each Receipt this Period  
80.00

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

Mailing Address 234 Overbrook Road

City State Zip Code  
Valencia PA 16059

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 806.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

**Transaction ID:** A2011-1654182

Amount of Each Receipt this Period  
80.00

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

Mailing Address 234 Overbrook Road

City State Zip Code  
Valencia PA 16059

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 886.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID:** A2011-1654260

Amount of Each Receipt this Period  
80.00

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

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

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

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

FOR LINE NUMBER: PAGE 42 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2011

**Transaction ID:** A2011-963823

Amount of Each Receipt this Period  
100.00

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2011

**Transaction ID:** A2011-1184532

Amount of Each Receipt this Period  
100.00

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2011

**Transaction ID:** A2011-1184571

Amount of Each Receipt this Period  
100.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 60

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Douglas Porter

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: A2011-1654194

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Douglas Porter

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: A2011-1654270

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Howard Porter

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

Transaction ID: A2011-963785

Amount of Each Receipt this Period

150.00

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer 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  
0 4 / 2 9 / 2 0 1 1

**Transaction ID:** A2011-963821

Amount of Each Receipt this Period  
150.00

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

**Transaction ID:** A2011-1184530

Amount of Each Receipt this Period  
150.00

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

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

**Transaction ID:** A2011-1184569

Amount of Each Receipt this Period  
150.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 60  
(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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Howard Porter

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
06 / 10 / 2011

**Transaction ID:** A2011-1654192

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Howard Porter

Mailing Address 901 New York Avenue NW Third Fl.

City State Zip Code  
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2011

**Transaction ID:** A2011-1654268

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald Potempa

Mailing Address 426 Verret St

City State Zip Code  
Elmhurst IL 60126

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 ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
01 / 28 / 2011

**Transaction ID:** A2011-36201

Amount of Each Receipt this Period  
650.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 60
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sabrina Rajendran		Date of Receipt
	Mailing Address 111 Patrick Avenue		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Willow Springs	IL	60480
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coventry Health Care Inc.		Occupation Manager	<b>Transaction ID:</b> A2011-963807
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="225.00"/>	<input type="text" value="25.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Sabrina Rajendran		Date of Receipt
	Mailing Address 111 Patrick Avenue		<input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Willow Springs	IL	60480
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coventry Health Care Inc.		Occupation Manager	<b>Transaction ID:</b> A2011-1184516
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="25.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Sabrina Rajendran		Date of Receipt
	Mailing Address 111 Patrick Avenue		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Willow Springs	IL	60480
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coventry Health Care Inc.		Occupation Manager	<b>Transaction ID:</b> A2011-1184555
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="275.00"/>	<input type="text" value="25.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="75.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Sabrina Rajendran		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 111 Patrick Avenue		<b>Transaction ID:</b> A2011-1654178
City Willow Springs	State IL	Zip Code 60480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Sabrina Rajendran		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 111 Patrick Avenue		<b>Transaction ID:</b> A2011-1654256
City Willow Springs	State IL	Zip Code 60480
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 325.00	

**C.**

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt MM / DD / YYYY 04 / 01 / 2011
Mailing Address 12915 Grant Street Suite 450		<b>Transaction ID:</b> A2011-963733
City Overland Park	State KS	Zip Code 66213
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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 ▼ 210.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt MM / DD / YYYY 04 / 15 / 2011
Mailing Address 12915 Grant Street Suite 450		<b>Transaction ID:</b> A2011-963767
City Overland Park	State KS	Zip Code 66213
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 Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

**B.**

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 12915 Grant Street Suite 450		<b>Transaction ID:</b> A2011-963803
City Overland Park	State KS	Zip Code 66213
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 Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

**C.**

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt MM / DD / YYYY 05 / 13 / 2011
Mailing Address 12915 Grant Street Suite 450		<b>Transaction ID:</b> A2011-1184512
City Overland Park	State KS	Zip Code 66213
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 Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt MM / DD / YYYY 05 / 27 / 2011
Mailing Address 12915 Grant Street Suite 450		<b>Transaction ID:</b> A2011-1184551
City Overland Park	State KS	Zip Code 66213
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 Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

**B.**

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt MM / DD / YYYY 06 / 10 / 2011
Mailing Address 12915 Grant Street Suite 450		<b>Transaction ID:</b> A2011-1654174
City Overland Park	State KS	Zip Code 66213
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 Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

**C.**

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt MM / DD / YYYY 06 / 24 / 2011
Mailing Address 12915 Grant Street Suite 450		<b>Transaction ID:</b> A2011-1654252
City Overland Park	State KS	Zip Code 66213
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 Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dennis Roth

Mailing Address 5393 Bothe Avenue

City San Diego State CA Zip Code 92122

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 MM / DD / YYYY 03 / 18 / 2011

**Transaction ID:** A2011-862470

Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Dennis Roth

Mailing Address 5393 Bothe Avenue

City San Diego State CA Zip Code 92122

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 ▼ 280.00

Date of Receipt MM / DD / YYYY 04 / 01 / 2011

**Transaction ID:** A2011-963724

Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
Rebecca Sanborn

Mailing Address 40 Calverton Road Suite 450

City St. Louis State MO Zip Code 63135

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY 04 / 29 / 2011

**Transaction ID:** A2011-963806

Amount of Each Receipt this Period 25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 60
	(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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Rebecca Sanborn	Date of Receipt MM / DD / YYYY 05 / 13 / 2011
	Mailing Address 40 Calverton Road Suite 450	<b>Transaction ID:</b> A2011-1184515
	City State Zip Code St. Louis MO 63135	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 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rebecca Sanborn	Date of Receipt MM / DD / YYYY 05 / 27 / 2011
	Mailing Address 40 Calverton Road Suite 450	<b>Transaction ID:</b> A2011-1184554
	City State Zip Code St. Louis MO 63135	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 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rebecca Sanborn	Date of Receipt MM / DD / YYYY 06 / 10 / 2011
	Mailing Address 40 Calverton Road Suite 450	<b>Transaction ID:</b> A2011-1654177
	City State Zip Code St. Louis MO 63135	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 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 60
	(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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Rebecca Sanborn	Date of Receipt MM / DD / YYYY 06 / 24 / 2011
	Mailing Address 40 Calverton Road Suite 450	<b>Transaction ID:</b> A2011-1654255
	City State Zip Code St. Louis MO 63135	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 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ann Stoepelwerth	Date of Receipt MM / DD / YYYY 03 / 18 / 2011
	Mailing Address 4360 S. Victor Avenue	<b>Transaction ID:</b> A2011-862489
	City State Zip Code Tulsa OK 74105	Amount of Each Receipt this Period 38.00
	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 228.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ann Stoepelwerth	Date of Receipt MM / DD / YYYY 04 / 01 / 2011
	Mailing Address 4360 S. Victor Avenue	<b>Transaction ID:</b> A2011-963743
	City State Zip Code Tulsa OK 74105	Amount of Each Receipt this Period 38.00
	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 266.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>101.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 53 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ann Stoepfelwerth  
Mailing Address 4360 S. Victor Avenue

City State Zip Code  
Tulsa OK 74105

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 5 / 2 0 1 1

**Transaction ID:** A2011-963777

Amount of Each Receipt this Period  
38.00

**B.** Full Name (Last, First, Middle Initial)  
Ann Stoepfelwerth  
Mailing Address 4360 S. Victor Avenue

City State Zip Code  
Tulsa OK 74105

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 9 / 2 0 1 1

**Transaction ID:** A2011-963813

Amount of Each Receipt this Period  
38.00

**C.** Full Name (Last, First, Middle Initial)  
Ann Stoepfelwerth  
Mailing Address 4360 S. Victor Avenue

City State Zip Code  
Tulsa OK 74105

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

Name of Employer 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  
0 5 / 1 3 / 2 0 1 1

**Transaction ID:** A2011-1184522

Amount of Each Receipt this Period  
38.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **114.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 60  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ann Stoepfelwerth  
Mailing Address 4360 S. Victor Avenue  
City State Zip Code  
Tulsa OK 74105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 418.00  
Date of Receipt 05 / 27 / 2011  
Transaction ID: A2011-1184561  
Amount of Each Receipt this Period 38.00

**B.** Full Name (Last, First, Middle Initial)  
Ann Stoepfelwerth  
Mailing Address 4360 S. Victor Avenue  
City State Zip Code  
Tulsa OK 74105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 456.00  
Date of Receipt 06 / 10 / 2011  
Transaction ID: A2011-1654184  
Amount of Each Receipt this Period 38.00

**C.** Full Name (Last, First, Middle Initial)  
Ann Stoepfelwerth  
Mailing Address 4360 S. Victor Avenue  
City State Zip Code  
Tulsa OK 74105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 494.00  
Date of Receipt 06 / 24 / 2011  
Transaction ID: A2011-1654261  
Amount of Each Receipt this Period 38.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 114.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 60  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Joseph Winn		Date of Receipt
Mailing Address 14022 Jump Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 2 9 / 2 0 1 1
City State Zip Code Germantown MD 20874		<b>Transaction ID:</b> A2011-963812
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <input type="text"/> 25.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 225.00	

**B.**

Full Name (Last, First, Middle Initial) Joseph Winn		Date of Receipt
Mailing Address 14022 Jump Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 1 3 / 2 0 1 1
City State Zip Code Germantown MD 20874		<b>Transaction ID:</b> A2011-1184521
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <input type="text"/> 25.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 250.00	

**C.**

Full Name (Last, First, Middle Initial) Joseph Winn		Date of Receipt
Mailing Address 14022 Jump Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 7 / 2 0 1 1
City State Zip Code Germantown MD 20874		<b>Transaction ID:</b> A2011-1184560
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <input type="text"/> 25.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 75.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Joseph Winn		Date of Receipt
Mailing Address 14022 Jump Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 10 / 2011
City	State	Zip Code
Germantown	MD	20874
FEC ID number of contributing federal political committee.		Transaction ID: A2011-1654183
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 25.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 300.00	

**B.**

Full Name (Last, First, Middle Initial) Thomas Zielinski		Date of Receipt
Mailing Address 621 Cornerstone Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 01 / 2011
City	State	Zip Code
Bryn Mawr	PA	19010
FEC ID number of contributing federal political committee.		Transaction ID: A2011-865941
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 5000.00
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 ▼	
	<input type="text"/> 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 5025.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 17211.60

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Citizens to Elect Willie B. Cochran	Transaction ID: B380975 Date of Disbursement 03 / 22 / 2011
	Mailing Address 6118 S. Woodlawn Ave.	Amount of Each Disbursement this Period 500.00
	City Chicago State IL Zip Code 60637	
	Purpose of Disbursement G-2011 City Alderman Ward 20 IL	011 Category/ Type
	Candidate Name Willie B. Cochran	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Citizens for Pat Dowell	Transaction ID: B380973 Date of Disbursement 03 / 22 / 2011
	Mailing Address 5044 S. State Street	Amount of Each Disbursement this Period 500.00
	City Chicago State IL Zip Code 60609	
	Purpose of Disbursement G-2011 City Alderman Ward 3 IL	011 Category/ Type
	Candidate Name Pat Dowell	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Egan Forward 43	Transaction ID: B380985 Date of Disbursement 03 / 22 / 2011
	Mailing Address 28 E. Division Street	Amount of Each Disbursement this Period 500.00
	City Chicago State IL Zip Code 60610	
	Purpose of Disbursement G-2011 City Alderman 43 IL	011 Category/ Type
	Candidate Name Tim Egan	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of George Cardenas	Transaction ID: B380978 Date of Disbursement																			
	Mailing Address 2829 W. Cermak Road	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
	City Chicago State IL Zip Code 60623	Amount of Each Disbursement this Period																			
	Purpose of Disbursement G-2011 City Alderman Chicago Dist. 12 IL	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name Cardenas George	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) Citizens for Lyle	Transaction ID: B380972 Date of Disbursement																			
	Mailing Address 5726 S Stony Island Ave	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
	City Chicago State IL Zip Code 60637	Amount of Each Disbursement this Period																			
	Purpose of Disbursement G-2011 City Alderman Chicago Ward 6 IL	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name Freddrenna Lyle	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Friends of Matt O'Shea	Transaction ID: B380977 Date of Disbursement																			
	Mailing Address 10402 S Western Ave	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
	City Chicago State IL Zip Code 60643	Amount of Each Disbursement this Period																			
	Purpose of Disbursement G-2011 City Alderman 19 IL	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name Matthew O'Shea	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00
1500.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Waguespack</p> <p>Mailing Address P.O. Box 476987</p> <p>City Chicago State IL Zip Code 60647</p> <p>Purpose of Disbursement G-2011 City Alderman Chicago Ward 32 IL</p> <p>Candidate Name Scott Waguespack</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B380980 <b>Date of Disbursement</b> 03 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jim Donelon Camp. for Insurance Commissioner</p> <p>Mailing Address P.O. Box 3516</p> <p>City Baton Rouge State LA Zip Code 70821</p> <p>Purpose of Disbursement P-2011 State Insur. Comm. LA</p> <p>Candidate Name James Donelon</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B379480 <b>Date of Disbursement</b> 03 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PEG PAC</p> <p>Mailing Address 116 Pine Street Suite 201</p> <p>City Harrisburg State PA Zip Code 17101</p> <p>Purpose of Disbursement State PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p><b>Transaction ID:</b> B384111 <b>Date of Disbursement</b> 04 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 1400.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2900.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 60

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Jake Corman <hr/> Mailing Address P.O. Box 13053 <hr/> City Harrisburg State PA Zip Code 17110 <hr/> Purpose of Disbursement P-2012 State Senate 34 PA <hr/> Candidate Name Jacob D Corman <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B384110 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Joe Scarnati <hr/> Mailing Address P.O. Box 33 <hr/> City Youngsway State PA Zip Code 16371 <hr/> Purpose of Disbursement P-2012 State Senate 25 PA <hr/> Candidate Name Joseph B Scarnati, III <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B384109 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2000.00

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

7900.00