

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) 901 New York Avenue NW Third Floor
 Check if different than previously reported. (ACC)
Washington DC 20001

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 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer John Ruhlmann
Signature of Treasurer Electronically Filed by John Ruhlmann Date 01 26 2010

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)

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		135793.46
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	139501.80									
(c) Total Receipts (from Line 19)	13572.71	32484.91								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	153074.51	168278.37								
7. Total Disbursements (from Line 31)	11436.99	26640.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	141637.52	141637.52								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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)	12720.67	23670.78
(ii) Unitemized	852.04	8802.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13572.71	32473.73
(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)	13572.71	32473.73
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	11.18
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))	13572.71	32484.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13572.71	32484.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	186.99	390.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	186.99	390.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	25000.00
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.....	250.00	1250.00
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))..	11436.99	26640.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11436.99	26640.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	13572.71	32473.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13572.71	32473.73
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	186.99	390.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	11.18
38. Net Operating Expenditures (subtract Line 37 from Line 36)	186.99	379.67

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

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

FOR LINE NUMBER: PAGE 6 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. 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 ▼ 700.00

Date of Receipt 07 / 10 / 2009

Transaction ID: A2009-4132900

Amount of Each Receipt this Period 50.00

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 ▼ 750.00

Date of Receipt 07 / 24 / 2009

Transaction ID: A2009-4132939

Amount of Each Receipt this Period 50.00

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 ▼ 800.00

Date of Receipt 08 / 07 / 2009

Transaction ID: A2009-4132978

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)

A. Form/Schedule : **SA11AI**

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.

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 127
(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)
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 ▼ 850.00
 Date of Receipt 08 / 21 / 2009
Transaction ID: A2009-4263890
 Amount of Each Receipt this Period 50.00

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 ▼ 900.00
 Date of Receipt 09 / 04 / 2009
Transaction ID: A2009-4663814
 Amount of Each Receipt this Period 50.00

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 ▼ 950.00
 Date of Receipt 09 / 18 / 2009
Transaction ID: A2009-4663777
 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 9 / 127

(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 ▼ 1000.00

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

Transaction ID: A2009-4847170

Amount of Each Receipt this Period 50.00

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 ▼ 1050.00

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

Transaction ID: A2009-4847207

Amount of Each Receipt this Period 50.00

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 ▼ 1100.00

Date of Receipt M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159839

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 127
(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)
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 ▼ 1150.00
Date of Receipt 11 / 13 / 2009
Transaction ID: A2009-5118368
Amount of Each Receipt this Period 50.00

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 ▼ 1200.00
Date of Receipt 11 / 27 / 2009
Transaction ID: A2009-5392683
Amount of Each Receipt this Period 50.00

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 ▼ 1250.00
Date of Receipt 12 / 11 / 2009
Transaction ID: A2009-5385226
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**

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FOR LINE NUMBER: PAGE 11 / 127
(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)
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 ▼ 1300.00

Date of Receipt: 12 / 24 / 2009
Transaction ID: A2009-5397563
Amount of Each Receipt this Period: 50.00

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

Mailing Address 4885 Brighton Court

City Granite Bay State CA Zip Code 95746

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt: 07 / 10 / 2009
Transaction ID: A2009-4132888
Amount of Each Receipt this Period: 76.92

C. Full Name (Last, First, Middle Initial)
Pamela Barnes

Mailing Address 804 Dorset Drive

City Wheaton State IL Zip Code 60187

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: A2009-4847184
Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 136.92

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 127

(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)
Pamela Barnes

Mailing Address 804 Dorset Drive

City State Zip Code
Wheaton IL 60187

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159817

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
Pamela Barnes

Mailing Address 804 Dorset Drive

City State Zip Code
Wheaton IL 60187

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118346

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)
Pamela Barnes

Mailing Address 804 Dorset Drive

City State Zip Code
Wheaton IL 60187

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: A2009-5392662

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) ▶

30.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 127
(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)
Pamela Barnes

Mailing Address 804 Dorset Drive

City State Zip Code
Wheaton IL 60187

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: A2009-5385205

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Pamela Barnes

Mailing Address 804 Dorset Drive

City State Zip Code
Wheaton IL 60187

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

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

Transaction ID: A2009-5397542

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Dale Blecher

Mailing Address 10020 Bellona Court

City State Zip Code
Richmond VA 23233

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

Name of Employer Coventry Health Care Inc. Occupation Systems Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: A2009-4132884

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **40.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 127
(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) Dale Blecher		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
Mailing Address 10020 Bellona Court		Transaction ID: A2009-4132924
City Richmond	State VA	Zip Code 23233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Systems Analyst	
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) Dale Blecher		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 10020 Bellona Court		Transaction ID: A2009-4132963
City Richmond	State VA	Zip Code 23233
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Systems Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

C.

Full Name (Last, First, Middle Initial) Edward Borovatz		Date of Receipt MM / DD / YYYY 07 / 10 / 2009
Mailing Address 14742 Rolling Spring Drive Apt #207-5		Transaction ID: A2009-4132877
City Midlothian	State VA	Zip Code 23114
FEC ID number of contributing federal political committee. C		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 ▼ 490.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 127
(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)
Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt MM / DD / YYYY
07 / 24 / 2009

Transaction ID: A2009-4132918

Amount of Each Receipt this Period 35.00

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

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt MM / DD / YYYY
08 / 07 / 2009

Transaction ID: A2009-4132957

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 Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A2009-4263871

Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 105.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 127
	(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

A.	Full Name (Last, First, Middle Initial) Edward Borovatz	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 14742 Rolling Spring Drive Apt #207-5	Transaction ID: A2009-4663795
	City State Zip Code Midlothian VA 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) <input type="checkbox"/> Aggregate Year-to-Date 630.00	

B.	Full Name (Last, First, Middle Initial) Edward Borovatz	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 14742 Rolling Spring Drive Apt #207-5	Transaction ID: A2009-4663758
	City State Zip Code Midlothian VA 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) <input type="checkbox"/> Aggregate Year-to-Date 665.00	

C.	Full Name (Last, First, Middle Initial) Edward Borovatz	Date of Receipt MM / DD / YYYY 10 / 02 / 2009
	Mailing Address 14742 Rolling Spring Drive Apt #207-5	Transaction ID: A2009-4847151
	City State Zip Code Midlothian VA 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) <input type="checkbox"/> Aggregate Year-to-Date 700.00	

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 17 / 127

(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

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 ▼ 735.00

Date of Receipt

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

Transaction ID: A2009-4847188

Amount of Each Receipt this Period

35.00

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 ▼ 770.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159821

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 ▼ 805.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118350

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) ▶

105.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 127
(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)
Edward Borovatz

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 27 / 2009
Transaction ID: A2009-5392666
Amount of Each Receipt this Period 35.00

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

Mailing Address 14742 Rolling Spring Drive
Apt #207-5

City Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 12 / 11 / 2009
Transaction ID: A2009-5385209
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 Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt 12 / 24 / 2009
Transaction ID: A2009-5397546
Amount of Each Receipt this Period 35.00

SUBTOTAL of Receipts This Page (optional) ► 105.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 127

(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)

Marcey Brandon

Mailing Address P.O. Box 83

City State Zip Code
Georgetown PA 15043

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

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

Date of Receipt

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

Transaction ID: A2009-4847192

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City State Zip Code
Georgetown PA 15043

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159825

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Marcey Brandon

Mailing Address P.O. Box 83

City State Zip Code
Georgetown PA 15043

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118354

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 127
(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)
Marcey Brandon

Mailing Address P.O. Box 83

City State Zip Code
Georgetown PA 15043

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
11 / 27 / 2009

Transaction ID: A2009-5392670

Amount of Each Receipt this Period
10.00

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

Mailing Address P.O. Box 83

City State Zip Code
Georgetown PA 15043

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: A2009-5385213

Amount of Each Receipt this Period
10.00

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

Mailing Address P.O. Box 83

City State Zip Code
Georgetown PA 15043

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: A2009-5397550

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 127
(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)
Brain Britt

Mailing Address 330 West Meadow Drive

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 10 / 2009

Transaction ID: A2009-4132901

Amount of Each Receipt this Period 40.00

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

Mailing Address 330 West Meadow Drive

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 24 / 2009

Transaction ID: A2009-4132940

Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Brain Britt

Mailing Address 330 West Meadow Drive

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt 08 / 07 / 2009

Transaction ID: A2009-4132979

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 22 / 127

(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)
Brain 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00
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Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: A2009-4263891

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Brain 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00
---	------------------------------------

Date of Receipt

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

Transaction ID: A2009-4663815

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Brain 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00
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Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: A2009-4663778

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 23 / 127

(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)
Brain 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 ▼ 800.00

Date of Receipt

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

Transaction ID: A2009-4847171

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Brain 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 ▼ 840.00

Date of Receipt

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

Transaction ID: A2009-4847208

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Brain 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 ▼ 880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159840

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 24 / 127
(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) Brain Britt		Date of Receipt MM / DD / YYYY 11 / 13 / 2009		
	Mailing Address 330 West Meadow Drive		Transaction ID: A2009-5118369		
	City Mechanicsburg	State PA	Zip Code 17055	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coventry Health Care Inc.	Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
920.00

B.	Full Name (Last, First, Middle Initial) Brain Britt		Date of Receipt MM / DD / YYYY 11 / 27 / 2009		
	Mailing Address 330 West Meadow Drive		Transaction ID: A2009-5392684		
	City Mechanicsburg	State PA	Zip Code 17055	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coventry Health Care Inc.	Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
960.00

C.	Full Name (Last, First, Middle Initial) Brain Britt		Date of Receipt MM / DD / YYYY 12 / 11 / 2009		
	Mailing Address 330 West Meadow Drive		Transaction ID: A2009-5385227		
	City Mechanicsburg	State PA	Zip Code 17055	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Coventry Health Care Inc.	Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
1000.00

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 25 / 127
(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)
Brain 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 ▼ 1040.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: A2009-5397564

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City State Zip Code
Richmond VA 23229

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.58

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: A2009-4132898

Amount of Each Receipt this Period
38.47

C. Full Name (Last, First, Middle Initial)
Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City State Zip Code
Richmond VA 23229

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 577.05

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: A2009-4132937

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional) ► **116.94**

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 / 127

(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)
Charles Byrd, Jr.

Mailing Address 9131 Carterham Road

City State Zip Code
Richmond VA 23229

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 615.52

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: A2009-4132976

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)
Lisa Chandler

Mailing Address 3946 Rhine Court
Suite 450

City State Zip Code
St. Charles MO 63304

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2009

Transaction ID: A2009-5397556

Amount of Each Receipt this Period

8.00

C.

Full Name (Last, First, Middle Initial)
Alan Dileo

Mailing Address 637 Westridge Drive

City State Zip Code
Aurora IL 60504

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 ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: A2009-4132880

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) ▶

86.47

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 27 / 127
(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)
Adrian Engels

Mailing Address 2523 E Oak Grove Dr

City State Zip Code
Sandy UT 84092

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

Name of Employer Coventry Health Care Inc. Occupation Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: A2009-4847181

Amount of Each Receipt this Period
10.00

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

Mailing Address 2523 E Oak Grove Dr

City State Zip Code
Sandy UT 84092

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

Name of Employer Coventry Health Care Inc. Occupation Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159814

Amount of Each Receipt this Period
10.00

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

Mailing Address 2523 E Oak Grove Dr

City State Zip Code
Sandy UT 84092

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

Name of Employer Coventry Health Care Inc. Occupation Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118343

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 28 / 127
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 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)
Adrian Engels
Mailing Address 2523 E Oak Grove Dr
City State Zip Code
Sandy UT 84092
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Supervisor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 11 / 27 / 2009
Transaction ID: A2009-5392659
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Adrian Engels
Mailing Address 2523 E Oak Grove Dr
City State Zip Code
Sandy UT 84092
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Supervisor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 11 / 2009
Transaction ID: A2009-5385202
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Adrian Engels
Mailing Address 2523 E Oak Grove Dr
City State Zip Code
Sandy UT 84092
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Supervisor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00
Date of Receipt 12 / 24 / 2009
Transaction ID: A2009-5397539
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 127

(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)
Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 812.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: A2009-4132907

Amount of Each Receipt this Period
58.00

B.

Full Name (Last, First, Middle Initial)
Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 870.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: A2009-4132946

Amount of Each Receipt this Period
58.00

C.

Full Name (Last, First, Middle Initial)
Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 928.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: A2009-4132985

Amount of Each Receipt this Period
58.00

SUBTOTAL of Receipts This Page (optional) ▶

174.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 127
(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)
Maria Fitzpatrick
Mailing Address 5002 Cedar Croft Drive
City State Zip Code
Bethesda MD 20814
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 986.00
Date of Receipt 08 / 21 / 2009
Transaction ID: A2009-4263897
Amount of Each Receipt this Period 58.00

B. Full Name (Last, First, Middle Initial)
Maria Fitzpatrick
Mailing Address 5002 Cedar Croft Drive
City State Zip Code
Bethesda MD 20814
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1044.00
Date of Receipt 09 / 04 / 2009
Transaction ID: A2009-4663821
Amount of Each Receipt this Period 58.00

C. Full Name (Last, First, Middle Initial)
Maria Fitzpatrick
Mailing Address 5002 Cedar Croft Drive
City State Zip Code
Bethesda MD 20814
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1102.00
Date of Receipt 09 / 18 / 2009
Transaction ID: A2009-4663784
Amount of Each Receipt this Period 58.00

SUBTOTAL of Receipts This Page (optional) ► 174.00
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 31 / 127

(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)

Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1160.00

Date of Receipt

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

Transaction ID: A2009-4847177

Amount of Each Receipt this Period

58.00

B.

Full Name (Last, First, Middle Initial)

Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1218.00

Date of Receipt

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

Transaction ID: A2009-4847214

Amount of Each Receipt this Period

58.00

C.

Full Name (Last, First, Middle Initial)

Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1276.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159845

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional) ▶

174.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 127
(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)
Maria Fitzpatrick
Mailing Address 5002 Cedar Croft Drive
City State Zip Code
Bethesda MD 20814
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1334.00
Date of Receipt 11 / 13 / 2009
Transaction ID: A2009-5118374
Amount of Each Receipt this Period 58.00

B. Full Name (Last, First, Middle Initial)
Maria Fitzpatrick
Mailing Address 5002 Cedar Croft Drive
City State Zip Code
Bethesda MD 20814
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1392.00
Date of Receipt 11 / 27 / 2009
Transaction ID: A2009-5392689
Amount of Each Receipt this Period 58.00

C. Full Name (Last, First, Middle Initial)
Maria Fitzpatrick
Mailing Address 5002 Cedar Croft Drive
City State Zip Code
Bethesda MD 20814
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1450.00
Date of Receipt 12 / 11 / 2009
Transaction ID: A2009-5385232
Amount of Each Receipt this Period 58.00

SUBTOTAL of Receipts This Page (optional) ► 174.00
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 / 127

(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)
Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1508.00

Date of Receipt

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

Transaction ID: A2009-5397569

Amount of Each Receipt this Period

58.00

B.

Full Name (Last, First, Middle Initial)
Greg Hale

Mailing Address 1615 William Penn Drive #21E

City State Zip Code
Naperville IL 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: A2009-4132910

Amount of Each Receipt this Period

14.04

C.

Full Name (Last, First, Middle Initial)
Greg Hale

Mailing Address 1615 William Penn Drive #21E

City State Zip Code
Naperville IL 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 224.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: A2009-4132949

Amount of Each Receipt this Period

14.04

SUBTOTAL of Receipts This Page (optional) ▶

86.08

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 34 / 127
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 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)
Greg Hale

Mailing Address 1615 William Penn Drive #21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 238.68

Date of Receipt: 08 / 21 / 2009
Transaction ID: A2009-4263863
Amount of Each Receipt this Period: 14.04

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

Mailing Address 1615 William Penn Drive #21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.72

Date of Receipt: 09 / 04 / 2009
Transaction ID: A2009-4663787
Amount of Each Receipt this Period: 14.04

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

Mailing Address 1615 William Penn Drive #21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 266.76

Date of Receipt: 09 / 18 / 2009
Transaction ID: A2009-4663750
Amount of Each Receipt this Period: 14.04

SUBTOTAL of Receipts This Page (optional) ► 42.12

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

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

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FOR LINE NUMBER: PAGE 35 / 127
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 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)
Greg Hale

Mailing Address 1615 William Penn Drive
#21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.80

Date of Receipt: 10 / 02 / 2009
Transaction ID: A2009-4847143
Amount of Each Receipt this Period: 14.04

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

Mailing Address 1615 William Penn Drive
#21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.84

Date of Receipt: 10 / 16 / 2009
Transaction ID: A2009-4847180
Amount of Each Receipt this Period: 14.04

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

Mailing Address 1615 William Penn Drive
#21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 308.88

Date of Receipt: 10 / 30 / 2009
Transaction ID: A2009-5159813
Amount of Each Receipt this Period: 14.04

SUBTOTAL of Receipts This Page (optional) ► 42.12

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 127

(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)
Greg Hale

Mailing Address 1615 William Penn Drive
#21E

City State Zip Code
Naperville IL 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 322.92

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118342

Amount of Each Receipt this Period
14.04

B.

Full Name (Last, First, Middle Initial)
Greg Hale

Mailing Address 1615 William Penn Drive
#21E

City State Zip Code
Naperville IL 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: A2009-5392658

Amount of Each Receipt this Period
14.04

C.

Full Name (Last, First, Middle Initial)
Greg Hale

Mailing Address 1615 William Penn Drive
#21E

City State Zip Code
Naperville IL 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 351.00

Date of Receipt

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

Transaction ID: A2009-5385201

Amount of Each Receipt this Period
14.04

SUBTOTAL of Receipts This Page (optional)

42.12

TOTAL This Period (last page this line number only)

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

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FOR LINE NUMBER: PAGE 37 / 127
(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)
Greg Hale

Mailing Address 1615 William Penn Drive
#21E

City Naperville State IL Zip Code 60563

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.04

Date of Receipt: 12 / 24 / 2009
Transaction ID: A2009-5397538
Amount of Each Receipt this Period: 14.04

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 ▼ 546.00

Date of Receipt: 07 / 10 / 2009
Transaction ID: A2009-4132908
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 ▼ 585.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: A2009-4132947
Amount of Each Receipt this Period: 39.00

SUBTOTAL of Receipts This Page (optional) ► 92.04

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 127

(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 ▼ 624.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 7 / 2 0 0 9

Transaction ID: A2009-4132986

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 ▼ 663.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: A2009-4263898

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 ▼ 702.00

Date of Receipt

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

Transaction ID: A2009-4663822

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 39 / 127
(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 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 ▼ 741.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: A2009-4663785
 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 ▼ 780.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: A2009-4847178
 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 ▼ 819.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: A2009-4847215
 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 40 / 127

(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		Date of Receipt																					
	Mailing Address 10219 Pemcrest		<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>1</td><td>0</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	3	0	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0	/	3	0	/	2	0	0	9														
	City State Zip Code San Antonio TX 78240		Transaction ID: A2009-5159846																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 858.00		<table border="1"> <tr> <td>39.00</td> </tr> </table>		39.00																				
39.00																								

B.	Full Name (Last, First, Middle Initial) Janet Hamner		Date of Receipt																					
	Mailing Address 10219 Pemcrest		<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>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	1	3	/	2	0	0	9														
	City State Zip Code San Antonio TX 78240		Transaction ID: A2009-5118375																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 897.00		<table border="1"> <tr> <td>39.00</td> </tr> </table>		39.00																				
39.00																								

C.	Full Name (Last, First, Middle Initial) Janet Hamner		Date of Receipt																					
	Mailing Address 10219 Pemcrest		<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>1</td><td>1</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	2	7	/	2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1	/	2	7	/	2	0	0	9														
	City State Zip Code San Antonio TX 78240		Transaction ID: A2009-5392690																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
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 ▼ 936.00		<table border="1"> <tr> <td>39.00</td> </tr> </table>		39.00																				
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 41 / 127
(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 San Antonio State TX Zip Code 78240

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

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

Transaction ID: A2009-5385233

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 ▼ 1014.00

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

Transaction ID: A2009-5397570

Amount of Each Receipt this Period 39.00

C.

Full Name (Last, First, Middle Initial)
Bruce Hodge

Mailing Address 179 Singer Lane

City Folsom State CA Zip Code 95630

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: A2009-4847195

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► **88.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 127
(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)
Bruce Hodge

Mailing Address 179 Singer Lane

City State Zip Code
Folsom CA 95630

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159828

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Bruce Hodge

Mailing Address 179 Singer Lane

City State Zip Code
Folsom CA 95630

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118357

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Bruce Hodge

Mailing Address 179 Singer Lane

City State Zip Code
Folsom CA 95630

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: A2009-5392673

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 127

(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)
Bruce Hodge

Mailing Address 179 Singer Lane

City State Zip Code
Folsom CA 95630

FEC ID number of 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

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

Transaction ID: A2009-5385216

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)
Bruce Hodge

Mailing Address 179 Singer Lane

City State Zip Code
Folsom CA 95630

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: A2009-5397553

Amount of Each Receipt this Period

10.00

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 ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: A2009-4132876

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ▶

40.00

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 / 127
(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		Date of Receipt MM / DD / YYYY 07 / 24 / 2009
Mailing Address 6140 Moss Rose Lane		Transaction ID: A2009-4132917
City Aubrey	State TX	Zip Code 76227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Kim Isbell		Date of Receipt MM / DD / YYYY 08 / 07 / 2009
Mailing Address 6140 Moss Rose Lane		Transaction ID: A2009-4132956
City Aubrey	State TX	Zip Code 76227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

C.

Full Name (Last, First, Middle Initial) Kim Isbell		Date of Receipt MM / DD / YYYY 08 / 21 / 2009
Mailing Address 6140 Moss Rose Lane		Transaction ID: A2009-4263870
City Aubrey	State TX	Zip Code 76227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 127
(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)
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 ▼ 360.00

Date of Receipt: 09 / 04 / 2009
Transaction ID: A2009-4663794
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 ▼ 380.00

Date of Receipt: 09 / 18 / 2009
Transaction ID: A2009-4663757
Amount of Each Receipt this Period: 20.00

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 ▼ 400.00

Date of Receipt: 10 / 02 / 2009
Transaction ID: A2009-4847150
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 127
(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)
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 ▼ 420.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: A2009-4847187
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 ▼ 440.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: A2009-5159820
Amount of Each Receipt this Period: 20.00

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 ▼ 460.00

Date of Receipt: 11 / 13 / 2009
Transaction ID: A2009-5118349
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 127
(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 ▼ 480.00

Date of Receipt
MM / DD / YYYY
11 / 27 / 2009

Transaction ID: A2009-5392665

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: A2009-5385208

Amount of Each Receipt this Period
20.00

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 ▼ 520.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: A2009-5397545

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 48 / 127
(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)
Bonnie Kitson
Mailing Address 4203 Shamans Drive
City Marietta State GA Zip Code 30062
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt 07 / 10 / 2009
Transaction ID: A2009-4132902
Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Bonnie Kitson
Mailing Address 4203 Shamans Drive
City Marietta State GA Zip Code 30062
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 07 / 24 / 2009
Transaction ID: A2009-4132941
Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Bonnie Kitson
Mailing Address 4203 Shamans Drive
City Marietta State GA Zip Code 30062
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 320.00
Date of Receipt 08 / 07 / 2009
Transaction ID: A2009-4132980
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 49 / 127
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. 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 ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A2009-4263892

Amount of Each Receipt this Period
20.00

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 ▼ 360.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: A2009-4663816

Amount of Each Receipt this Period
20.00

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 ▼ 380.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: A2009-4663779

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 127

(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 ▼ 400.00

Date of Receipt

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

Transaction ID: A2009-4847172

Amount of Each Receipt this Period

20.00

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 ▼ 420.00

Date of Receipt

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

Transaction ID: A2009-4847209

Amount of Each Receipt this Period

20.00

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 ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159841

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ▶

60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 127

(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 ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118370

Amount of Each Receipt this Period
20.00

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 ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: A2009-5392685

Amount of Each Receipt this Period
20.00

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 ▼ 500.00

Date of Receipt

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

Transaction ID: A2009-5385228

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ▶

60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 127

(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 ▼ 520.00

Date of Receipt

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

Transaction ID: A2009-5397565

Amount of Each Receipt this Period

20.00

B.

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 ▼ 1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: A2009-4132887

Amount of Each Receipt this Period

75.00

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 ▼ 1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: A2009-4132927

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) ▶

170.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 127

(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)
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 ▼ 1200.00

Date of Receipt 08 / 07 / 2009

Transaction ID: A2009-4132966

Amount of Each Receipt this Period 75.00

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 ▼ 1275.00

Date of Receipt 08 / 21 / 2009

Transaction ID: A2009-4263879

Amount of Each Receipt this Period 75.00

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 ▼ 1350.00

Date of Receipt 09 / 04 / 2009

Transaction ID: A2009-4663803

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 54 / 127
(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 ▼ 1425.00

Date of Receipt 09 / 18 / 2009
Transaction ID: A2009-4663766
Amount of Each Receipt this Period 75.00

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 ▼ 1500.00

Date of Receipt 10 / 02 / 2009
Transaction ID: A2009-4847159
Amount of Each Receipt this Period 75.00

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 ▼ 1575.00

Date of Receipt 10 / 16 / 2009
Transaction ID: A2009-4847196
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 55 / 127
(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 ▼ 1650.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: A2009-5159829
Amount of Each Receipt this Period: 75.00

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 ▼ 1725.00

Date of Receipt: 11 / 13 / 2009
Transaction ID: A2009-5118358
Amount of Each Receipt this Period: 75.00

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 ▼ 1800.00

Date of Receipt: 11 / 27 / 2009
Transaction ID: A2009-5392674
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 56 / 127

(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)
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 ▼ 1875.00

Date of Receipt

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

Transaction ID: A2009-5385217

Amount of Each Receipt this Period
75.00

B.

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 ▼ 1950.00

Date of Receipt

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

Transaction ID: A2009-5397554

Amount of Each Receipt this Period
75.00

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 ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	9

Transaction ID: A2009-4132878

Amount of Each Receipt this Period
25.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 127
(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)
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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: A2009-4132919

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: A2009-4132958

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A2009-4263872

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 127
(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)
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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: A2009-4663796

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 ▼ 475.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009

Transaction ID: A2009-4663759

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: A2009-4847152

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 59 / 127

(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)
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 ▼ 525.00

Date of Receipt

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

Transaction ID: A2009-4847189

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 ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159822

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 ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118351

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 127
(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)
Joan Liberatore
Mailing Address 1549 Virginia Avenue
City Monaca State PA Zip Code 15061
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 11 / 27 / 2009
Transaction ID: A2009-5392667
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Joan Liberatore
Mailing Address 1549 Virginia Avenue
City Monaca State PA Zip Code 15061
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00
Date of Receipt 12 / 11 / 2009
Transaction ID: A2009-5385210
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Joan Liberatore
Mailing Address 1549 Virginia Avenue
City Monaca State PA Zip Code 15061
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00
Date of Receipt 12 / 24 / 2009
Transaction ID: A2009-5397547
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 61 / 127
(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)
John Martin

Mailing Address 3174 Wild Meadow Ln

City Aurora State IL Zip Code 60504

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 10 / 16 / 2009
Transaction ID: A2009-4847198
 Amount of Each Receipt this Period: 10.00

B.

Full Name (Last, First, Middle Initial)
John Martin

Mailing Address 3174 Wild Meadow Ln

City Aurora State IL Zip Code 60504

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 10 / 30 / 2009
Transaction ID: A2009-5159831
 Amount of Each Receipt this Period: 10.00

C.

Full Name (Last, First, Middle Initial)
John Martin

Mailing Address 3174 Wild Meadow Ln

City Aurora State IL Zip Code 60504

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 13 / 2009
Transaction ID: A2009-5118360
 Amount of Each Receipt this Period: 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 127
(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)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City Naperville State IL Zip Code 60565

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
M M / D D / Y Y Y Y Y
07 / 10 / 2009

Transaction ID: A2009-4132881

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City Naperville State IL Zip Code 60565

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 Y
07 / 24 / 2009

Transaction ID: A2009-4132921

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City Naperville State IL Zip Code 60565

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 ▼ 320.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: A2009-4132960

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 127
(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)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City Naperville State IL Zip Code 60565

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 ▼ 340.00

Date of Receipt MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A2009-4263874

Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City Naperville State IL Zip Code 60565

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 ▼ 360.00

Date of Receipt MM / DD / YYYY
09 / 04 / 2009

Transaction ID: A2009-4663798

Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City Naperville State IL Zip Code 60565

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 ▼ 380.00

Date of Receipt MM / DD / YYYY
09 / 18 / 2009

Transaction ID: A2009-4663761

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 127
(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)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City Naperville State IL Zip Code 60565

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 ▼ 400.00

Date of Receipt: 10 / 02 / 2009

Transaction ID: A2009-4847154

Amount of Each Receipt this Period: 20.00

B.

Full Name (Last, First, Middle Initial)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City Naperville State IL Zip Code 60565

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 ▼ 420.00

Date of Receipt: 10 / 16 / 2009

Transaction ID: A2009-4847191

Amount of Each Receipt this Period: 20.00

C.

Full Name (Last, First, Middle Initial)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City Naperville State IL Zip Code 60565

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 ▼ 440.00

Date of Receipt: 10 / 30 / 2009

Transaction ID: A2009-5159824

Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

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

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

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

FOR LINE NUMBER: PAGE 65 / 127

(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)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City State Zip Code
Naperville IL 60565

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 ▼ 460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	9	

Transaction ID: A2009-5118353

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City State Zip Code
Naperville IL 60565

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 ▼ 480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	7		2	0	9	

Transaction ID: A2009-5392669

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City State Zip Code
Naperville IL 60565

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: A2009-5385212

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) ▶

60.00

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

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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 66 / 127
(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)
Kris Mazurowski

Mailing Address 1517 Lark Lane

City State Zip Code
Naperville IL 60565

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 ▼
520.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: A2009-5397549

Amount of Each Receipt this Period
20.00

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 ▼
812.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: A2009-4132903

Amount of Each Receipt this Period
58.00

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 ▼
870.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: A2009-4132942

Amount of Each Receipt this Period
58.00

SUBTOTAL of Receipts This Page (optional) ► **136.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 127
(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 ▼ 928.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: A2009-4132981

Amount of Each Receipt this Period
58.00

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 ▼ 986.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A2009-4263893

Amount of Each Receipt this Period
58.00

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 ▼ 1044.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: A2009-4663817

Amount of Each Receipt this Period
58.00

SUBTOTAL of Receipts This Page (optional) ► **174.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 127
(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 ▼ 1102.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: A2009-4663780

Amount of Each Receipt this Period
58.00

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 ▼ 1160.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 02 / 2009

Transaction ID: A2009-4847173

Amount of Each Receipt this Period
58.00

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 ▼ 1218.00

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 16 / 2009

Transaction ID: A2009-4847210

Amount of Each Receipt this Period
58.00

SUBTOTAL of Receipts This Page (optional) ► **174.00**

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 69 / 127

(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)
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 ▼ 1276.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159842

Amount of Each Receipt this Period

58.00

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 ▼ 1334.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118371

Amount of Each Receipt this Period

58.00

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 ▼ 1392.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: A2009-5392686

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional) ▶

174.00

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 70 / 127

(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)
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 ▼ 1450.00

Date of Receipt

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

Transaction ID: A2009-5385229

Amount of Each Receipt this Period

58.00

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 ▼ 1508.00

Date of Receipt

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

Transaction ID: A2009-5397566

Amount of Each Receipt this Period

58.00

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 ▼ 633.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 6 / 2 0 0 9

Transaction ID: A2009-3857253

Amount of Each Receipt this Period

633.34

SUBTOTAL of Receipts This Page (optional) ▶

749.34

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 71 / 127
	<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) Donald Potempa		Date of Receipt	
	Mailing Address 426 Verret St		M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-5406422
	Elmhurst	IL	60126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		366.66	
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

B.	Full Name (Last, First, Middle Initial) Sabrina Rajendran		Date of Receipt	
	Mailing Address 111 Patrick Avenue		M M / D D / Y Y Y Y Y 0 7 / 1 0 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-4132897
	Willow Springs	IL	60480	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		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 ▼ 350.00		

C.	Full Name (Last, First, Middle Initial) Sabrina Rajendran		Date of Receipt	
	Mailing Address 111 Patrick Avenue		M M / D D / Y Y Y Y Y 0 7 / 2 4 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: A2009-4132936
	Willow Springs	IL	60480	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		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 ▼ 375.00		

SUBTOTAL of Receipts This Page (optional)	416.66
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 72 / 127		
	<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

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) Sabrina Rajendran			Date of Receipt MM / DD / YYYY 08 / 07 / 2009		
	Mailing Address 111 Patrick Avenue			Transaction ID: A2009-4132975		
	City Willow Springs	State IL	Zip Code 60480	Amount of Each Receipt this Period 25.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Coventry Health Care Inc.		Occupation Manager			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Sabrina Rajendran			Date of Receipt MM / DD / YYYY 08 / 21 / 2009		
	Mailing Address 111 Patrick Avenue			Transaction ID: A2009-4263888		
	City Willow Springs	State IL	Zip Code 60480	Amount of Each Receipt this Period 25.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Coventry Health Care Inc.		Occupation Manager			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00			

C.	Full Name (Last, First, Middle Initial) Sabrina Rajendran			Date of Receipt MM / DD / YYYY 09 / 04 / 2009		
	Mailing Address 111 Patrick Avenue			Transaction ID: A2009-4663812		
	City Willow Springs	State IL	Zip Code 60480	Amount of Each Receipt this Period 25.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Coventry Health Care Inc.		Occupation Manager			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

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 73 / 127

(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)
Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City State Zip Code
Willow Springs IL 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: A2009-4663775

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City State Zip Code
Willow Springs IL 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2009

Transaction ID: A2009-4847168

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City State Zip Code
Willow Springs IL 60480

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

Name of Employer 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
10 / 16 / 2009

Transaction ID: A2009-4847205

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 74 / 127
(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 10 / 30 / 2009
Mailing Address 111 Patrick Avenue		Transaction ID: A2009-5159838
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 ▼ 550.00	

B.

Full Name (Last, First, Middle Initial) Sabrina Rajendran		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 111 Patrick Avenue		Transaction ID: A2009-5118367
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 ▼ 575.00	

C.

Full Name (Last, First, Middle Initial) Sabrina Rajendran		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address 111 Patrick Avenue		Transaction ID: A2009-5392682
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 ▼ 600.00	

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 75 / 127

(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

Mailing Address 111 Patrick Avenue

City State Zip Code
Willow Springs IL 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00

Date of Receipt

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

Transaction ID: A2009-5385225

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City State Zip Code
Willow Springs IL 60480

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

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

Transaction ID: A2009-5397562

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Hassan Rifaat

Mailing Address 6820 Lullwater Road

City State Zip Code
Cumming GA 30040

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.58

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: A2009-4132904

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional) ▶

88.47

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 127

(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)
Hassan Rifaat

Mailing Address 6820 Lullwater Road

City State Zip Code
Cumming GA 30040

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 577.05

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: A2009-4132943

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)
Hassan Rifaat

Mailing Address 6820 Lullwater Road

City State Zip Code
Cumming GA 30040

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 615.52

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: A2009-4132982

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)
Hassan Rifaat

Mailing Address 6820 Lullwater Road

City State Zip Code
Cumming GA 30040

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 653.99

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: A2009-4263894

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional) ▶

115.41

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 127

(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)
Hassan Rifaat

Mailing Address 6820 Lullwater Road

City State Zip Code
Cumming GA 30040

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 692.46

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2009

Transaction ID: A2009-4663818

Amount of Each Receipt this Period

38.47

B.

Full Name (Last, First, Middle Initial)
Hassan Rifaat

Mailing Address 6820 Lullwater Road

City State Zip Code
Cumming GA 30040

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.93

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: A2009-4663781

Amount of Each Receipt this Period

38.47

C.

Full Name (Last, First, Middle Initial)
Hassan Rifaat

Mailing Address 6820 Lullwater Road

City State Zip Code
Cumming GA 30040

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 769.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2009

Transaction ID: A2009-4847174

Amount of Each Receipt this Period

38.47

SUBTOTAL of Receipts This Page (optional) ▶

115.41

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 78 / 127
(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) Hassan Rifaat		Date of Receipt
Mailing Address 6820 Lullwater Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Cumming GA 30040		<input type="text"/> 1 0 / <input type="text"/> 1 6 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: A2009-4847211
Name of Employer Coventry Health Care Inc. Occupation Manager		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 38.47
Aggregate Year-to-Date ▼ <input type="text"/> 807.87		

B.

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt
Mailing Address 12915 Grant Street Suite 450		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Overland Park KS 66213		<input type="text"/> 0 7 / <input type="text"/> 1 0 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: A2009-4132893
Name of Employer Coventry Health Care Inc. Occupation Manager		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 30.00
Aggregate Year-to-Date ▼ <input type="text"/> 420.00		

C.

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt
Mailing Address 12915 Grant Street Suite 450		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Overland Park KS 66213		<input type="text"/> 0 7 / <input type="text"/> 2 4 / <input type="text"/> 2 0 0 9
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID: A2009-4132932
Name of Employer Coventry Health Care Inc. Occupation Manager		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 30.00
Aggregate Year-to-Date ▼ <input type="text"/> 450.00		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 98.47
TOTAL 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 79 / 127
(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)
Steven Robino

Mailing Address 12915 Grant Street
Suite 450

City Overland Park State KS Zip Code 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 07 / 2009
Transaction ID: A2009-4132971
Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Steven Robino

Mailing Address 12915 Grant Street
Suite 450

City Overland Park State KS Zip Code 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 21 / 2009
Transaction ID: A2009-4263884
Amount of Each Receipt this Period 30.00

C. Full Name (Last, First, Middle Initial)
Steven Robino

Mailing Address 12915 Grant Street
Suite 450

City Overland Park State KS Zip Code 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 04 / 2009
Transaction ID: A2009-4663808
Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 127
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
Mailing Address 12915 Grant Street Suite 450		Transaction ID: A2009-4663771
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 ▼ 570.00	

B.

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 12915 Grant Street Suite 450		Transaction ID: A2009-4847164
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 ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Steven Robino		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 12915 Grant Street Suite 450		Transaction ID: A2009-4847201
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 ▼ 630.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 127
(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

<p>A. Full Name (Last, First, Middle Initial) Steven Robino</p> <p>Mailing Address 12915 Grant Street Suite 450</p> <p>City State Zip Code Overland Park KS 66213</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 660.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2009</p> <p>Transaction ID: A2009-5159834</p> <p>Amount of Each Receipt this Period 30.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Steven Robino</p> <p>Mailing Address 12915 Grant Street Suite 450</p> <p>City State Zip Code Overland Park KS 66213</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 690.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 13 / 2009</p> <p>Transaction ID: A2009-5118363</p> <p>Amount of Each Receipt this Period 30.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Steven Robino</p> <p>Mailing Address 12915 Grant Street Suite 450</p> <p>City State Zip Code Overland Park KS 66213</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 720.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 27 / 2009</p> <p>Transaction ID: A2009-5392678</p> <p>Amount of Each Receipt this Period 30.00</p>
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SUBTOTAL of Receipts This Page (optional)	90.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 127
(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)
Steven Robino

Mailing Address 12915 Grant Street
Suite 450

City Overland Park State KS Zip Code 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: A2009-5385221

Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Steven Robino

Mailing Address 12915 Grant Street
Suite 450

City Overland Park State KS Zip Code 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

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

Transaction ID: A2009-5397558

Amount of Each Receipt this Period 30.00

C. 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 ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: A2009-4132875

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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 83 / 127

(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)
Dennis Roth

Mailing Address 5393 Bothe Avenue

City State Zip Code
San Diego CA 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 ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: A2009-4132916

Amount of Each Receipt this Period
40.00

B.

Full Name (Last, First, Middle Initial)
Dennis Roth

Mailing Address 5393 Bothe Avenue

City State Zip Code
San Diego CA 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 ▼ 640.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: A2009-4132955

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Dennis Roth

Mailing Address 5393 Bothe Avenue

City State Zip Code
San Diego CA 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 ▼ 680.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: A2009-4263869

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 84 / 127
(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 ▼ 720.00

Date of Receipt 09 / 04 / 2009

Transaction ID: A2009-4663793

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 ▼ 760.00

Date of Receipt 09 / 18 / 2009

Transaction ID: A2009-4663756

Amount of Each Receipt this Period 40.00

C. 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 ▼ 800.00

Date of Receipt 10 / 02 / 2009

Transaction ID: A2009-4847149

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 127
(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 ▼ 840.00

Date of Receipt 10 / 16 / 2009

Transaction ID: A2009-4847186

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 ▼ 880.00

Date of Receipt 10 / 30 / 2009

Transaction ID: A2009-5159819

Amount of Each Receipt this Period 40.00

C. 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 ▼ 920.00

Date of Receipt 11 / 13 / 2009

Transaction ID: A2009-5118348

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 86 / 127

(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)
Dennis Roth

Mailing Address 5393 Bothe Avenue

City State Zip Code
San Diego CA 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 ▼ 960.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: A2009-5392664

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)
Dennis Roth

Mailing Address 5393 Bothe Avenue

City State Zip Code
San Diego CA 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 ▼ 1000.00

Date of Receipt

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

Transaction ID: A2009-5385207

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)
Dennis Roth

Mailing Address 5393 Bothe Avenue

City State Zip Code
San Diego CA 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 ▼ 1040.00

Date of Receipt

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

Transaction ID: A2009-5397544

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 87 / 127

(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)
Rebecca Sanborn

Mailing Address 40 Calverton Road
Suite 450

City State Zip Code
St. Louis MO 63135

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

Name of Employer 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
07 / 10 / 2009

Transaction ID: A2009-4132896

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Rebecca Sanborn

Mailing Address 40 Calverton Road
Suite 450

City State Zip Code
St. Louis MO 63135

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

Name of Employer Coventry Health Care Inc. Occupation
Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: A2009-4132935

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
Rebecca Sanborn

Mailing Address 40 Calverton Road
Suite 450

City State Zip Code
St. Louis MO 63135

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

Name of Employer 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
08 / 07 / 2009

Transaction ID: A2009-4132974

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 88 / 127
	(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

A.	Full Name (Last, First, Middle Initial) Rebecca Sanborn	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 40 Calverton Road Suite 450	Transaction ID: A2009-4263887
	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 425.00	

B.	Full Name (Last, First, Middle Initial) Rebecca Sanborn	Date of Receipt MM / DD / YYYY 09 / 04 / 2009
	Mailing Address 40 Calverton Road Suite 450	Transaction ID: A2009-4663811
	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 450.00	

C.	Full Name (Last, First, Middle Initial) Rebecca Sanborn	Date of Receipt MM / DD / YYYY 09 / 18 / 2009
	Mailing Address 40 Calverton Road Suite 450	Transaction ID: A2009-4663774
	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 475.00	

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 89 / 127

(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)
Rebecca Sanborn

Mailing Address 40 Calverton Road
Suite 450

City State Zip Code
St. Louis MO 63135

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

Name of Employer Coventry Health Care Inc. Occupation
Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: A2009-4847167

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Rebecca Sanborn

Mailing Address 40 Calverton Road
Suite 450

City State Zip Code
St. Louis MO 63135

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

Name of Employer 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
1 0 / 1 6 / 2 0 0 9

Transaction ID: A2009-4847204

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
Rebecca Sanborn

Mailing Address 40 Calverton Road
Suite 450

City State Zip Code
St. Louis MO 63135

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

Name of Employer Coventry Health Care Inc. Occupation
Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159837

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 90 / 127
(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) Rebecca Sanborn		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 40 Calverton Road Suite 450		Transaction ID: A2009-5118366
City St. Louis	State MO	Zip Code 63135
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 ▼ 575.00	

B.

Full Name (Last, First, Middle Initial) Rebecca Sanborn		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address 40 Calverton Road Suite 450		Transaction ID: A2009-5392681
City St. Louis	State MO	Zip Code 63135
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 ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Rebecca Sanborn		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address 40 Calverton Road Suite 450		Transaction ID: A2009-5385224
City St. Louis	State MO	Zip Code 63135
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 ▼ 625.00	

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 91 / 127

(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)
Rebecca Sanborn

Mailing Address 40 Calverton Road
Suite 450

City State Zip Code
St. Louis MO 63135

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

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

Transaction ID: A2009-5397561

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Daniel Scherr

Mailing Address 4679 Shelley Lane

City State Zip Code
Ellicott City MD 21043

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

Name of Employer Coventry Health Care Inc. Occupation Manager

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

Date of Receipt

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

Transaction ID: A2009-4847179

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)
Daniel Scherr

Mailing Address 4679 Shelley Lane

City State Zip Code
Ellicott City MD 21043

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159812

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 127
(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)
Daniel Scherr
Mailing Address 4679 Shelley Lane
City Ellicott City State MD Zip Code 21043
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt 11 / 13 / 2009
Transaction ID: A2009-5118341
Amount of Each Receipt this Period 10.00

B. Full Name (Last, First, Middle Initial)
Daniel Scherr
Mailing Address 4679 Shelley Lane
City Ellicott City State MD Zip Code 21043
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00
Date of Receipt 11 / 27 / 2009
Transaction ID: A2009-5392657
Amount of Each Receipt this Period 10.00

C. Full Name (Last, First, Middle Initial)
Daniel Scherr
Mailing Address 4679 Shelley Lane
City Ellicott City State MD Zip Code 21043
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 12 / 11 / 2009
Transaction ID: A2009-5385200
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 30.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 127

(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)
Daniel Scherr

Mailing Address 4679 Shelley Lane

City State Zip Code
Ellicott City MD 21043

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: A2009-5397537

Amount of Each Receipt this Period

10.00

B.

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

Mailing Address 2920 Second St. North Suite 450

City State Zip Code
Arlington VA 22201

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	0	9

Transaction ID: A2009-4132885

Amount of Each Receipt this Period

40.00

C.

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

Mailing Address 2920 Second St. North Suite 450

City State Zip Code
Arlington VA 22201

FEC ID number of 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	7		2	4		2	0	0	9

Transaction ID: A2009-4132925

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 127
(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)
Ms. Melissa Schooley

Mailing Address 2920 Second St. North
Suite 450

City State Zip Code
Arlington VA 22201

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: A2009-4132964

Amount of Each Receipt this Period
40.00

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

Mailing Address 2920 Second St. North
Suite 450

City State Zip Code
Arlington VA 22201

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A2009-4263877

Amount of Each Receipt this Period
40.00

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

Mailing Address 2920 Second St. North
Suite 450

City State Zip Code
Arlington VA 22201

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2009

Transaction ID: A2009-4663801

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 95 / 127
(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) Ms. Melissa Schooley		Date of Receipt MM / DD / YYYY 09 / 18 / 2009
Mailing Address 2920 Second St. North Suite 450		Transaction ID: A2009-4663764
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 760.00	

B.

Full Name (Last, First, Middle Initial) Ms. Melissa Schooley		Date of Receipt MM / DD / YYYY 10 / 02 / 2009
Mailing Address 2920 Second St. North Suite 450		Transaction ID: A2009-4847157
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 800.00	

C.

Full Name (Last, First, Middle Initial) Ms. Melissa Schooley		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 2920 Second St. North Suite 450		Transaction ID: A2009-4847194
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 840.00	

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 96 / 127
(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) Ms. Melissa Schooley		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 2920 Second St. North Suite 450		Transaction ID: A2009-5159827
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 880.00	

B.

Full Name (Last, First, Middle Initial) Ms. Melissa Schooley		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 2920 Second St. North Suite 450		Transaction ID: A2009-5118356
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 920.00	

C.

Full Name (Last, First, Middle Initial) Ms. Melissa Schooley		Date of Receipt MM / DD / YYYY 11 / 27 / 2009
Mailing Address 2920 Second St. North Suite 450		Transaction ID: A2009-5392672
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
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 ▼ 960.00	

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 97 / 127
(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)
Ms. Melissa Schooley

Mailing Address 2920 Second St. North
Suite 450

City State Zip Code
Arlington VA 22201

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: A2009-5385215

Amount of Each Receipt this Period
40.00

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

Mailing Address 2920 Second St. North
Suite 450

City State Zip Code
Arlington VA 22201

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

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

Transaction ID: A2009-5397552

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Ann Stoeppelwerth

Mailing Address 4360 S. Victor Avenue

City State Zip Code
Tulsa OK 74105

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 532.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: A2009-4132906

Amount of Each Receipt this Period
38.00

SUBTOTAL of Receipts This Page (optional) ► **118.00**

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 98 / 127
(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)
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 ▼ 570.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2009

Transaction ID: A2009-4132945

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 ▼ 608.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2009

Transaction ID: A2009-4132984

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 ▼ 646.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2009

Transaction ID: A2009-4263896

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 99 / 127
(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

<p>A. Full Name (Last, First, Middle Initial) Ann Stoepelwerth</p> <p>Mailing Address 4360 S. Victor Avenue</p> <p>City State Zip Code Tulsa OK 74105</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 684.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 4 / 2 0 0 9</p> <p>Transaction ID: A2009-4663820</p> <p>Amount of Each Receipt this Period 38.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Ann Stoepelwerth</p> <p>Mailing Address 4360 S. Victor Avenue</p> <p>City State Zip Code Tulsa OK 74105</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 722.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 9</p> <p>Transaction ID: A2009-4663783</p> <p>Amount of Each Receipt this Period 38.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Ann Stoepelwerth</p> <p>Mailing Address 4360 S. Victor Avenue</p> <p>City State Zip Code Tulsa OK 74105</p> <p>FEC ID number of contributing federal political committee. C</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 ▼ 760.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9</p> <p>Transaction ID: A2009-4847176</p> <p>Amount of Each Receipt this Period 38.00</p>
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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 100 / 127
(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)
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 ▼ 798.00

Date of Receipt

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

Transaction ID: A2009-4847213

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 ▼ 836.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159844

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 ▼ 874.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118373

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 101 / 127
(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 Stoepelwerth
Mailing Address 4360 S. Victor Avenue

City State Zip Code
Tulsa OK 74105

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: A2009-5392688

Amount of Each Receipt this Period
38.00

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

City State Zip Code
Tulsa OK 74105

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

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

Transaction ID: A2009-5385231

Amount of Each Receipt this Period
38.00

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

City State Zip Code
Tulsa OK 74105

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 988.00

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

Transaction ID: A2009-5397568

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 102 / 127
(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) Jerome Wall		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 8601 Breezewood Dr. Suite 450		Transaction ID: A2009-4847202
City Pittsburgh	State PA	Zip Code 63128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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.

Full Name (Last, First, Middle Initial) Jerome Wall		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 8601 Breezewood Dr. Suite 450		Transaction ID: A2009-5159835
City Pittsburgh	State PA	Zip Code 63128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) Jerome Wall		Date of Receipt MM / DD / YYYY 11 / 13 / 2009
Mailing Address 8601 Breezewood Dr. Suite 450		Transaction ID: A2009-5118364
City Pittsburgh	State PA	Zip Code 63128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
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 ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 127

(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)
Jerome Wall

Mailing Address 8601 Breezewood Dr.
Suite 450

City State Zip Code
Pittsburgh PA 63128

FEC ID number of contributing federal political committee. C

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: A2009-5392679

Amount of Each Receipt this Period 10.00

B.

Full Name (Last, First, Middle Initial)
Jerome Wall

Mailing Address 8601 Breezewood Dr.
Suite 450

City State Zip Code
Pittsburgh PA 63128

FEC ID number of 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 M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: A2009-5385222

Amount of Each Receipt this Period 10.00

C.

Full Name (Last, First, Middle Initial)
Jerome Wall

Mailing Address 8601 Breezewood Dr.
Suite 450

City State Zip Code
Pittsburgh PA 63128

FEC ID number of contributing federal political committee. C

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

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

Transaction ID: A2009-5397559

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) 30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 127
(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)
Ernest Wells, Jr.

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: A2009-4132872

Amount of Each Receipt this Period
57.70

B.

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

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.50

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: A2009-4132913

Amount of Each Receipt this Period
57.70

C.

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

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.20

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: A2009-4132952

Amount of Each Receipt this Period
57.70

SUBTOTAL of Receipts This Page (optional) ► **173.10**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 127
(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)
Ernest Wells, Jr.

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 980.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: A2009-4263866

Amount of Each Receipt this Period
57.70

B.

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

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1038.60

Date of Receipt

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

Transaction ID: A2009-4663790

Amount of Each Receipt this Period
57.70

C.

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

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1096.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: A2009-4663753

Amount of Each Receipt this Period
57.70

SUBTOTAL of Receipts This Page (optional) ▶

173.10

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 106 / 127
(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)
Ernest Wells, Jr.

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1154.00

Date of Receipt

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

Transaction ID: A2009-4847146

Amount of Each Receipt this Period

57.70

B.

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

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1211.70

Date of Receipt

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

Transaction ID: A2009-4847183

Amount of Each Receipt this Period

57.70

C.

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

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1269.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: A2009-5159816

Amount of Each Receipt this Period

57.70

SUBTOTAL of Receipts This Page (optional) ▶

173.10

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 107 / 127
(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)
Ernest Wells, Jr.
Mailing Address 2107 N. Magnolia Ave.
City Chicago State IL Zip Code 60614
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1327.10
Date of Receipt 11 / 13 / 2009
Transaction ID: A2009-5118345
Amount of Each Receipt this Period 57.70

B. Full Name (Last, First, Middle Initial)
Ernest Wells, Jr.
Mailing Address 2107 N. Magnolia Ave.
City Chicago State IL Zip Code 60614
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1384.80
Date of Receipt 11 / 27 / 2009
Transaction ID: A2009-5392661
Amount of Each Receipt this Period 57.70

C. Full Name (Last, First, Middle Initial)
Ernest Wells, Jr.
Mailing Address 2107 N. Magnolia Ave.
City Chicago State IL Zip Code 60614
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1442.50
Date of Receipt 12 / 11 / 2009
Transaction ID: A2009-5385204
Amount of Each Receipt this Period 57.70

SUBTOTAL of Receipts This Page (optional) ► 173.10
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 127
(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)
Ernest Wells, Jr.

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.20

Date of Receipt

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

Transaction ID: A2009-5397541

Amount of Each Receipt this Period

57.70

B.

Full Name (Last, First, Middle Initial)
Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City State Zip Code
Downers Grove IL 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 9

Transaction ID: A2009-4132899

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City State Zip Code
Downers Grove IL 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: A2009-4132938

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

257.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 127
(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)
Dorothy Williamson
 Mailing Address 4404 Wilson Avenue
 City Downers Grove State IL Zip Code 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00
 Date of Receipt 08 / 07 / 2009
Transaction ID: A2009-4132977
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Dorothy Williamson
 Mailing Address 4404 Wilson Avenue
 City Downers Grove State IL Zip Code 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1700.00
 Date of Receipt 08 / 21 / 2009
Transaction ID: A2009-4263889
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Dorothy Williamson
 Mailing Address 4404 Wilson Avenue
 City Downers Grove State IL Zip Code 60515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00
 Date of Receipt 09 / 04 / 2009
Transaction ID: A2009-4663813
 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 110 / 127
(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)
Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City State Zip Code
Downers Grove IL 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: A2009-4663776

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City State Zip Code
Downers Grove IL 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

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

Transaction ID: A2009-4847169

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City State Zip Code
Downers Grove IL 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt

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

Transaction ID: A2009-4847206

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 111 / 127
(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)
Michael Wilson

Mailing Address 2836 Macone Way

City State Zip Code
Sacramento CA 95835

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: A2009-4132874

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 2836 Macone Way

City State Zip Code
Sacramento CA 95835

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 ▼
375.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2009

Transaction ID: A2009-4132915

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 2836 Macone Way

City State Zip Code
Sacramento CA 95835

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 ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 07 / 2009

Transaction ID: A2009-4132954

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 112 / 127

(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 Wilson

Mailing Address 2836 Macone Way

City State Zip Code
Sacramento CA 95835

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 ▼ 425.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	9

Transaction ID: A2009-4263868

Amount of Each Receipt this Period

25.00

B.

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

Mailing Address 2836 Macone Way

City State Zip Code
Sacramento CA 95835

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: A2009-4663792

Amount of Each Receipt this Period

25.00

C.

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

Mailing Address 2836 Macone Way

City State Zip Code
Sacramento CA 95835

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: A2009-4663755

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 113 / 127
(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)
Michael Wilson
 Mailing Address 2836 Macone Way
 City State Zip Code
 Sacramento CA 95835
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 2 / 2 0 0 9
Transaction ID: A2009-4847148
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Michael Wilson
 Mailing Address 2836 Macone Way
 City State Zip Code
 Sacramento CA 95835
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 0 9
Transaction ID: A2009-4847185
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

C. Full Name (Last, First, Middle Initial)
Michael Wilson
 Mailing Address 2836 Macone Way
 City State Zip Code
 Sacramento CA 95835
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 3 0 / 2 0 0 9
Transaction ID: A2009-5159818
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

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 114 / 127
	<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 Wilson		Date of Receipt
	Mailing Address 2836 Macone Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 13 / 2009
	City	State	Zip Code
	Sacramento	CA	95835
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-5118347
Name of Employer Coventry Health Care Inc.		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Michael Wilson		Date of Receipt
	Mailing Address 2836 Macone Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 11 / 27 / 2009
	City	State	Zip Code
	Sacramento	CA	95835
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-5392663
Name of Employer Coventry Health Care Inc.		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) Michael Wilson		Date of Receipt
	Mailing Address 2836 Macone Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 12 / 11 / 2009
	City	State	Zip Code
	Sacramento	CA	95835
	FEC ID number of contributing federal political committee. C		Transaction ID: A2009-5385206
Name of Employer Coventry Health Care Inc.		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL 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 115 / 127
(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)
Michael Wilson
 Mailing Address 2836 Macone Way
 City State Zip Code
 Sacramento CA 95835
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 4 / 2 0 0 9
Transaction ID: A2009-5397543
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

B. Full Name (Last, First, Middle Initial)
Joseph Winn
 Mailing Address 14022 Jump Drive
 City State Zip Code
 Germantown MD 20874
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 0 / 2 0 0 9
Transaction ID: A2009-4132905
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

C. Full Name (Last, First, Middle Initial)
Joseph Winn
 Mailing Address 14022 Jump Drive
 City State Zip Code
 Germantown MD 20874
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 2 4 / 2 0 0 9
Transaction ID: A2009-4132944
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

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 116 / 127
(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)
Joseph Winn

Mailing Address 14022 Jump Drive

City State Zip Code
Germantown MD 20874

FEC ID number of 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
08 / 07 / 2009

Transaction ID: A2009-4132983

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Joseph Winn

Mailing Address 14022 Jump Drive

City State Zip Code
Germantown MD 20874

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2009

Transaction ID: A2009-4263895

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Joseph Winn

Mailing Address 14022 Jump Drive

City State Zip Code
Germantown MD 20874

FEC ID number of 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
09 / 04 / 2009

Transaction ID: A2009-4663819

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 127
(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)
Joseph Winn
Mailing Address 14022 Jump Drive
City State Zip Code
Germantown MD 20874
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00
Date of Receipt: MM / DD / YYYY 09 / 18 / 2009
Transaction ID: A2009-4663782
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 14022 Jump Drive
City State Zip Code
Germantown MD 20874
FEC ID number of 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 10 / 02 / 2009
Transaction ID: A2009-4847175
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 14022 Jump Drive
City State Zip Code
Germantown MD 20874
FEC ID number of 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: MM / DD / YYYY 10 / 16 / 2009
Transaction ID: A2009-4847212
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 127
(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

Mailing Address 14022 Jump Drive

City State Zip Code
Germantown MD 20874

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	9

Transaction ID: A2009-5159843

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
Joseph Winn

Mailing Address 14022 Jump Drive

City State Zip Code
Germantown MD 20874

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	0	9

Transaction ID: A2009-5118372

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
Joseph Winn

Mailing Address 14022 Jump Drive

City State Zip Code
Germantown MD 20874

FEC ID number of 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
1	1		2	7		2	0	0	9

Transaction ID: A2009-5392687

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 119 / 127
(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)
Joseph Winn
Mailing Address 14022 Jump Drive
City State Zip Code
Germantown MD 20874
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 625.00
Date of Receipt MM / DD / YYYY
12 / 11 / 2009
Transaction ID: A2009-5385230
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Joseph Winn
Mailing Address 14022 Jump Drive
City State Zip Code
Germantown MD 20874
FEC ID number of 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 MM / DD / YYYY
12 / 24 / 2009
Transaction ID: A2009-5397567
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Rachel Zektser
Mailing Address 2002 William Franklin Drive Suite 450
City State Zip Code
Frederick MD 21702
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt MM / DD / YYYY
10 / 16 / 2009
Transaction ID: A2009-4847203
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) ► 60.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 127
(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)
Rachel Zektser

Mailing Address 2002 William Franklin Drive
Suite 450

City State Zip Code
Frederick MD 21702

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: A2009-5159836

Amount of Each Receipt this Period
10.00

B.

Full Name (Last, First, Middle Initial)
Rachel Zektser

Mailing Address 2002 William Franklin Drive
Suite 450

City State Zip Code
Frederick MD 21702

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 9

Transaction ID: A2009-5118365

Amount of Each Receipt this Period
10.00

C.

Full Name (Last, First, Middle Initial)
Rachel Zektser

Mailing Address 2002 William Franklin Drive
Suite 450

City State Zip Code
Frederick MD 21702

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 7 / 2 0 0 9

Transaction ID: A2009-5392680

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► **30.00**

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

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

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

FOR LINE NUMBER: PAGE 121 / 127
(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)
Rachel Zektser

Mailing Address 2002 William Franklin Drive
Suite 450

City State Zip Code
Frederick MD 21702

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: A2009-5385223

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Rachel Zektser

Mailing Address 2002 William Franklin Drive
Suite 450

City State Zip Code
Frederick MD 21702

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
12 / 24 / 2009

Transaction ID: A2009-5397560

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional) ► 20.00

TOTAL This Period (last page this line number only) ► 12720.67

**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 122 / 127

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) J.P. Morgan Bank</p> <p>Mailing Address P.O. Box 260180</p> <p>City Baton Rouge State LA Zip Code 70826</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B272485</p> <p>Date of Disbursement 07 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 46.25</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) J.P. Morgan Bank</p> <p>Mailing Address P.O. Box 260180</p> <p>City Baton Rouge State LA Zip Code 70826</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B294553</p> <p>Date of Disbursement 08 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 23.44</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) J.P. Morgan Bank</p> <p>Mailing Address P.O. Box 260180</p> <p>City Baton Rouge State LA Zip Code 70826</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B294554</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 35.40</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	105.09
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 123 / 127

<input checked="" 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 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>A.</p> <p>Full Name (Last, First, Middle Initial) J.P. Morgan Bank</p> <p>Mailing Address P.O. Box 260180</p> <p>City Baton Rouge State LA Zip Code 70826</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B296549 Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 27.49</p> <p>001 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) J.P. Morgan Bank</p> <p>Mailing Address P.O. Box 260180</p> <p>City Baton Rouge State LA Zip Code 70826</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B299727 Date of Disbursement 11 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 27.07</p> <p>001 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) J.P. Morgan Bank</p> <p>Mailing Address P.O. Box 260180</p> <p>City Baton Rouge State LA Zip Code 70826</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B313567 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 27.34</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

81.90

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

186.99

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Senate Majority Fund	Transaction ID: B272481 Date of Disbursement 07 / 17 / 2009
	Mailing Address 507 Capitol Court NE #100	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) Carper for Senate	Transaction ID: B296456 Date of Disbursement 11 / 18 / 2009
	Mailing Address 426 C Street NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name Tom Carper	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Pat Roberts Victory Committee	Transaction ID: B313485 Date of Disbursement 12 / 01 / 2009
	Mailing Address 610 S Boulevard	Amount of Each Disbursement this Period 2000.00
	City Tampa State FL Zip Code 33606	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

SUBTOTAL of Disbursements This Page (optional)	4000.00
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 125 / 127

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

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

<p>A. Full Name (Last, First, Middle Initial) Klein for Congress</p> <p>Mailing Address 21301 Powerline Road Suite 204</p> <p>City Boca Raton State FL Zip Code 33431</p> <p>Purpose of Disbursement Contribution Candidate Name Ron Klein</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B299751 Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Grassley Committee Inc.</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution Candidate Name Charles E Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B271796 Date of Disbursement 07 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Boustany for Congress</p> <p>Mailing Address 2501 Wisconsin Ave. NW #304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Contribution Candidate Name Charles W Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B271794 Date of Disbursement 07 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mikulski for Senate Mailing Address 10 G Street NE Suite 570 City Washington State DC Zip Code 20002 Purpose of Disbursement Contribution Candidate Name Barbara A Mikulski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District:	Transaction ID: B296457 Date of Disbursement 11 / 18 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Matheson for Congress Mailing Address P.O. Box 636 City Annandale State VA Zip Code 22003 Purpose of Disbursement Contribution Candidate Name Jim Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02	Transaction ID: B271795 Date of Disbursement 07 / 01 / 2009 Amount of Each Disbursement this Period 2000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Forward Together PAC Mailing Address 201 North Union Street Suite 300 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: VA District: Not Applicable	Transaction ID: B299750 Date of Disbursement 12 / 01 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	11000.00

**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 127 / 127

<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 Jake Corman <hr/> Mailing Address 270 Edward Drive <hr/> City Bellefonte State PA Zip Code 16823 <hr/> Purpose of Disbursement P-2010 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B296399 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 <hr/> Category/ Type 011
B. Full Name (Last, First, Middle Initial) Cmte to Re-elect Kevin Craig <hr/> Mailing Address #3 Heather Court <hr/> City Huntington State WV Zip Code 25705 <hr/> Purpose of Disbursement G-2008 State House 15 WV <hr/> Candidate Name Kevin Craig <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B233644 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 9
	Amount of Each Disbursement this Period -250.00 <hr/> Category/ Type 011 Voided: Original check da- ted 08/20/2008

SUBTOTAL of Disbursements This Page (optional) ►

250.00

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

250.00