FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) ▼ 8735 Henderson Road

☐ Check if different than previously reported. (ACC)

CITY ▲ Tampa STATE ▲ FL ZIP CODE ▲ 33634 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00390575

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 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2013 through 12 / 31 / 2013

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 Thomas Tran

Signature of Treasurer *Thomas Tran* ***[Electronically Filed]*** Date 03 / 26 / 2014

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: 07 / 01 / 2013 To: 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		64944.08
(b) Cash on Hand at Beginning of Reporting Period	107353.52	
(c) Total Receipts (from Line 19)	109338.36	186247.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	216691.88	251191.88
7. Total Disbursements (from Line 31)	84721.14	119221.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	131970.74	131970.74
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

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: 07 / 01 / 2013 To: 12 / 31 / 2013

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)	92485.16	141681.96
(ii) Unitemized	16853.20	44565.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	109338.36	186247.80
(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) ▶	109338.36	186247.80
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	109338.36	186247.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	109338.36	186247.80

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	58500.00	89500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	221.14	221.14
(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)) ▶	221.14	221.14
29. Other Disbursements	26000.00	29500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	84721.14	119221.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	84721.14	119221.14

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	109338.36	186247.80
34. Total Contribution Refunds (from Line 28(d))	221.14	221.14
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	109117.22	186026.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	0.00

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)
[X] 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)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7807
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7808
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8278
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8279
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8280
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8666
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa
State: FL
Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8667
Amount of Each Receipt this Period: 96.15

B.
Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa
State: FL
Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9209
Amount of Each Receipt this Period: 96.15

C.
Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa
State: FL
Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9210
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2134.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9319
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2230.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9662
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2326.83
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10155
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nicholas Abid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2422.98
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10188
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Lawrence D. Anderson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.70
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7874
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Lawrence D. Anderson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.00
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7875
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 480.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8377

Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8378

Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8380

Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8731

Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2884.50

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8732

Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3076.80

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9277

Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9278

Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3288.33

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9320

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3326.79

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9563

Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3519.09

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10197

Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial)
Lawrence D. Anderson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3711.39

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10202

Amount of Each Receipt this Period: 192.30

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

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8149

Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 405.43

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Joseph Anselmo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 229.13
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8150
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Joseph Anselmo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.96
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8573
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Joseph Anselmo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 270.79
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8574
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Joseph Anselmo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 291.62
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9087
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Joseph Anselmo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 312.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9088
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Joseph Anselmo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9564
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 80.12

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Joseph Anselmo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 389.37
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9565
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Joseph Anselmo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 410.20
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10010
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Joseph Anselmo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 431.03
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10019
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 80.12

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Maria V. Arteaga
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.36
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9728
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Maria V. Arteaga
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 292.20
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9741
Amount of Each Receipt this Period: 3.84

C. Full Name (Last, First, Middle Initial): Maria V. Arteaga
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 296.04
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9742
Amount of Each Receipt this Period: 3.84

SUBTOTAL of Receipts This Page (optional) ▶ 199.98

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Norma I. Asencio
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9729
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Norma I. Asencio
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9772
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Norma I. Asencio
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9891
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Erica Ann Atalla
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7919
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Erica Ann Atalla
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8416
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Erica Ann Atalla
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8417
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Erica Ann Atalla
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8828
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Erica Ann Atalla
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8829
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Erica Ann Atalla
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 309.28
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9544
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 59.29

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Erica Ann Atalla
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 405.43
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9665
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7809
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7810
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8281
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8282
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8283
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1826.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8668
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8669
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9211
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9212
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2136.13
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9545
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2174.59
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9567
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 155.44

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2270.74
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10153
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Bryan M. Baier
Mailing Address: 8735 Henderson Blvd.
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2366.89
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10186
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7811
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.35
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7812
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 961.50
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8284
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1057.65
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8285
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.80
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8286
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8670
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8671
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9213
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.40
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9214
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1542.24
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9292
Amount of Each Receipt this Period: 3.84

SUBTOTAL of Receipts This Page (optional) ▶ 196.14

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1580.70
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9568
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1676.85
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10137
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Lucinda Baily
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1773.00
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10168
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Angel L. Ballew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10113
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 646.10
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7801
Amount of Each Receipt this Period: 46.15

C. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 692.25
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7802
Amount of Each Receipt this Period: 46.15

SUBTOTAL of Receipts This Page (optional) ▶ 130.76

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 738.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8269
Amount of Each Receipt this Period: 46.15

B. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 784.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8270
Amount of Each Receipt this Period: 46.15

C. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 830.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8271
Amount of Each Receipt this Period: 46.15

SUBTOTAL of Receipts This Page (optional) ▶ 138.45

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 876.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8661
Amount of Each Receipt this Period: 46.15

B. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8662
Amount of Each Receipt this Period: 46.15

C. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 969.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9205
Amount of Each Receipt this Period: 46.15

SUBTOTAL of Receipts This Page (optional) ▶ 138.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1015.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9206
Amount of Each Receipt this Period: 46.15

B. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1034.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9325
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1053.76
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9326
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 84.61

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1099.91
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10125
Amount of Each Receipt this Period: 46.15

B. Full Name (Last, First, Middle Initial): Richard O. Banner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1146.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10127
Amount of Each Receipt this Period: 46.15

C. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7743
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 130.76

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7744
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8178
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8179
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.52
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8180
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8595
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8596
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9110
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9111
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 634.59
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9327
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9328
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 692.28
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10040
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Tanya Bartholomew
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.74
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10084
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Robert A. Beck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7813
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Robert A. Beck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7814
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Robert A. Beck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8287
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Robert A. Beck

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1634.55

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8288

Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial)
Robert A. Beck

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8289

Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial)
Robert A. Beck

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1826.85

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8672

Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Robert A. Beck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8673
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Robert A. Beck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9215
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Robert A. Beck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9216
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Robert A. Beck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2134.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9331
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Robert A. Beck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2230.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9666
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Robert A. Beck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2326.83
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10152
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Robert A. Beck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2422.98
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10185
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Lucy Berenguer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.7922
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Lucy Berenguer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8418
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lucy Berenguer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8419
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Lucy Berenguer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8836
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Lucy Berenguer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8837
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lucy Berenguer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9332
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Lucy Berenguer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 403.83
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9667
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Lucy Berenguer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9832
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lucy Berenguer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.29
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9950
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7745
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7746
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8181
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8182
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 692.28
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8183
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 730.74
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8597
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 769.20
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8598
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 807.66
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9112
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 846.12
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9113
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 884.58
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9570
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 980.73
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9669
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 173.07

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1019.19
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10064
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Scott B. Black
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1057.65
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10109
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Jason T. Bollent
Mailing Address: 8735 Hendrseon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7925
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jason T. Bollent
Mailing Address: 8735 Hendrseon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8420
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Jason T. Bollent
Mailing Address: 8735 Hendrseon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8421
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Jason T. Bollent
Mailing Address: 8735 Hendrseon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8840
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jason T. Bollent
Mailing Address: 8735 Hendrseon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8841
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Jason T. Bollent
Mailing Address: 8735 Hendrseon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9333
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Jason T. Bollent
Mailing Address: 8735 Hendrseon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9334
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jason T. Bollent
Mailing Address: 8735 Hendrseon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9833
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Jason T. Bollent
Mailing Address: 8735 Hendrseon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9951
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Christine L. Brose
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7928
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christine L. Brose
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8422
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Christine L. Brose
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8423
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Christine L. Brose
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8845
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christine L. Brose
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8846
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Christine L. Brose
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9336
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Christine L. Brose
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9572
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christine L. Brose
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9860
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Christine L. Brose
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9979
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Alan A. Buffenstein
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8425
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Alan A. Buffenstein
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8847
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Alan A. Buffenstein
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8848
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Alan A. Buffenstein
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 296.14
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9659
Amount of Each Receipt this Period: 46.15

SUBTOTAL of Receipts This Page (optional) ▶ 84.61

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Alan A. Buffenstein
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 392.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9670
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Alan A. Buffenstein
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 411.52
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9889
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Alan A. Buffenstein
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 430.75
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10005
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7815
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 865.35
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7816
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 961.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8290
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1057.65
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8291
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.80
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8292
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8674
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1346.10
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8675
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1442.25
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9217
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1538.40
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9218
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1576.86
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9573
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1673.01
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9671
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1769.16
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10149
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

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ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John Burke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1865.31
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10182
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Amy Carr
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7934
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Amy Carr
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8426
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Amy Carr
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8427
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Amy Carr
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8849
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Amy Carr
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8850
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Amy Carr
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9338
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Amy Carr
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9574
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Amy Carr
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9847
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Amy Carr
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 384.60
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9967
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.28
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7795
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 374.94
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7796
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 102.55

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 416.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8260
Amount of Each Receipt this Period: 41.66

B.
Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 458.26
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8261
Amount of Each Receipt this Period: 41.66

C.
Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.92
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8262
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 124.98

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 541.58
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8655
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 583.24
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8656
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 624.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9199
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 124.98

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 666.56
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9200
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 685.79
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9341
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 705.02
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9342
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 80.12

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 746.68
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10120
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Cesar M. Castilleja
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 788.34
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10123
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Robert A. Champagne
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9343
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 102.55

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Robert A. Champagne
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9672
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Robert A. Champagne
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10048
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Robert A. Champagne
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10093
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 173.07

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Patricia Ciampa
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.7937
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Patricia Ciampa
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8428
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Patricia Ciampa
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8429
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Patricia Ciampa
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8855
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Patricia Ciampa
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8856
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Patricia Ciampa
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9345
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Patricia Ciampa
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9346
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Patricia Ciampa
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9779
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Patricia Ciampa
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9897
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Carolina V. Cisneros
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 208.30
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8151
Amount of Each Receipt this Period: 20.83

B.
Full Name (Last, First, Middle Initial): Carolina V. Cisneros
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 229.13
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8152
Amount of Each Receipt this Period: 20.83

C.
Full Name (Last, First, Middle Initial): Carolina V. Cisneros
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.96
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8153
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Carolina V. Cisneros

Mailing Address 8735 Henderson Road

City: Tampa | State: FL | Zip Code: 33634

FEC ID number of contributing federal political committee. C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 270.79

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8575

Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Carolina V. Cisneros

Mailing Address 8735 Henderson Road

City: Tampa | State: FL | Zip Code: 33634

FEC ID number of contributing federal political committee. C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8576

Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Carolina V. Cisneros

Mailing Address 8735 Henderson Road

City: Tampa | State: FL | Zip Code: 33634

FEC ID number of contributing federal political committee. C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 312.45

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9089

Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Carolina V. Cisneros

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 333.28

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9090

Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Carolina V. Cisneros

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 352.51

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9347

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Carolina V. Cisneros

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 371.74

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9348

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 59.29

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Carolina V. Cisneros

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 392.57

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10008

Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Carolina V. Cisneros

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 413.40

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10017

Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Sue E. Clements

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7940

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 60.89

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sue E. Clements
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8430
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Sue E. Clements
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8431
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Sue E. Clements
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8857
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sue E. Clements
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8858
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Sue E. Clements
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9349
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Sue E. Clements
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9575
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sue E. Clements
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9835
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Sue E. Clements
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9953
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7817
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 865.35
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7818
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 961.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8293
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1057.65
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8294
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1153.80
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8295
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8676
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8677
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9219
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.40
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9220
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1557.63
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9350
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1596.09
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9576
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1692.24
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10159
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Bernard M. Cohen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1788.39
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10192
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kevin Conroy
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 807.66
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7805
Amount of Each Receipt this Period: 57.69

B. Full Name (Last, First, Middle Initial): Kevin Conroy
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.35
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7806
Amount of Each Receipt this Period: 57.69

C. Full Name (Last, First, Middle Initial): Kevin Conroy
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 923.04
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8275
Amount of Each Receipt this Period: 57.69

SUBTOTAL of Receipts This Page (optional) ▶ 173.07

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kevin Conroy
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 980.73
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8276
Amount of Each Receipt this Period: 57.69

B. Full Name (Last, First, Middle Initial): Kevin Conroy
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1038.42
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8277
Amount of Each Receipt this Period: 57.69

C. Full Name (Last, First, Middle Initial): Kevin Conroy
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1096.11
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8665
Amount of Each Receipt this Period: 57.69

SUBTOTAL of Receipts This Page (optional) ▶ 173.07

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Walter W. Cooper
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2307.60
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7876
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Walter W. Cooper
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2499.90
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7877
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Walter W. Cooper
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2692.20
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8381
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Walter W. Cooper
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2884.50
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8382
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Walter W. Cooper
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3076.80
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8383
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Walter W. Cooper
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3269.10
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8733
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7747
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7748
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.36
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8186
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8187
Amount of Each Receipt this Period: 38.46

B.
Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 692.28
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8188
Amount of Each Receipt this Period: 38.46

C.
Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.74
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8601
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 769.20
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8602
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 807.66
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9118
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 846.12
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9119
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 865.35
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9353
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 903.81
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9578
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 942.27
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10063
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ann C. Cox
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 980.73
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10108
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Justin R. Cramer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10046
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Justin R. Cramer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10091
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Alec Cunningham
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2499.90
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7878
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Alec Cunningham
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2692.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7879
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Alec Cunningham
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2884.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8384
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Alec Cunningham
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3076.80
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8385
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Alec Cunningham
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3269.10
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8386
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Alec Cunningham
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3461.40
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8734
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Alec Cunningham
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3653.70
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8735
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Alec Cunningham
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3846.00
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9279
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Alec Cunningham
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4038.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9280
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7819
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7820
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8296
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8297
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8298
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8678
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8679
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9221
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9222
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2134.53
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9355
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2230.68
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9675
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2326.83
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10136
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

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ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David Cure
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2422.98
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10167
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7821
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7822
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8299
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8300
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8301
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8680
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8681
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9223
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9224
Amount of Each Receipt this Period: 96.15

B.
Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2134.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9358
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2153.76
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9359
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2249.91
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10151
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): William W. Davies
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2346.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10184
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Natalie D. Davis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7942
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Natalie D. Davis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.7943
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Natalie D. Davis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8432
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Natalie D. Davis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8433
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Natalie D. Davis

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8862

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Natalie D. Davis

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8863

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Natalie D. Davis

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9360

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Natalie D. Davis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 347.74
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9546
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Natalie D. Davis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 366.97
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9790
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Natalie D. Davis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 386.20
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9908
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 59.29

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Christopher C. Dawes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
538.44

Date of Receipt
M M 08 / D D 05 / Y Y Y Y 2013

Transaction ID : SA11AI.7749

Amount of Each Receipt this Period
38.46

B. Full Name (Last, First, Middle Initial)
Christopher C. Dawes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt
M M 08 / D D 05 / Y Y Y Y 2013

Transaction ID : SA11AI.7750

Amount of Each Receipt this Period
38.46

C. Full Name (Last, First, Middle Initial)
Christopher C. Dawes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
615.36

Date of Receipt
M M 09 / D D 04 / Y Y Y Y 2013

Transaction ID : SA11AI.8189

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Christopher C. Dawes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 653.82
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8190
Amount of Each Receipt this Period: 38.46

B.
Full Name (Last, First, Middle Initial): Christopher C. Dawes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.28
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8191
Amount of Each Receipt this Period: 38.46

C.
Full Name (Last, First, Middle Initial): Christopher C. Dawes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 730.74
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8603
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Christopher C. Dawes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8604

Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial)
Christopher C. Dawes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9122

Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial)
Christopher C. Dawes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 846.12

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9123

Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Christopher C. Dawes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
865.35

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2013

Transaction ID : SA11AI.9361

Amount of Each Receipt this Period
19.23

B. Full Name (Last, First, Middle Initial)
Christopher C. Dawes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
886.18

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2013

Transaction ID : SA11AI.9547

Amount of Each Receipt this Period
20.83

C. Full Name (Last, First, Middle Initial)
Christopher C. Dawes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
924.64

Date of Receipt
M M / D D / Y Y Y Y
12 / 23 / 2013

Transaction ID : SA11AI.10034

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ▶ 78.52

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christopher C. Dawes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 963.10
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10078
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.76
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7741
Amount of Each Receipt this Period: 28.84

C. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 432.60
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7742
Amount of Each Receipt this Period: 28.84

SUBTOTAL of Receipts This Page (optional) ▶ 96.14

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.44
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8175
Amount of Each Receipt this Period: 28.84

B. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 490.28
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8176
Amount of Each Receipt this Period: 28.84

C. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 519.12
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8177
Amount of Each Receipt this Period: 28.84

SUBTOTAL of Receipts This Page (optional) ▶ 86.52

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 547.96
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8591
Amount of Each Receipt this Period: 28.84

B. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.80
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8592
Amount of Each Receipt this Period: 28.84

C. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 605.64
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9106
Amount of Each Receipt this Period: 28.84

SUBTOTAL of Receipts This Page (optional) ▶ 86.52

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 634.48
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9107
Amount of Each Receipt this Period: 28.84

B. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.71
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9362
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 692.17
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9579
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 86.53

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 721.01
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10025
Amount of Each Receipt this Period: 28.84

B. Full Name (Last, First, Middle Initial): Valerie DeBoe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 749.85
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10026
Amount of Each Receipt this Period: 28.84

C. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7589
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.91

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7590
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7944
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7945
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.7946
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8434
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8435
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8864
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8865
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9363
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.29
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9580
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9809
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Catherine M. DeMaso
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.75
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9928
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7591
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7592
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7947
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7948
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7949
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8436
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8437
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8866
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8867
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9364
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9676
Amount of Each Receipt this Period: 96.15

C.
Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 557.67
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9871
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: (check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Desiree Demonbreun
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9990
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Karen C. Desotell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.7952
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Karen C. Desotell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8438
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Karen C. Desotell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8439
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Karen C. Desotell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8868
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Karen C. Desotell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8869
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Karen C. Desotell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9365
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Karen C. Desotell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 403.83
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9677
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Karen C. Desotell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9867
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Karen C. Desotell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.29
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9985
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7751
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7752
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.36
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8192
Amount of Each Receipt this Period: 38.46

B.
Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 653.82
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8193
Amount of Each Receipt this Period: 38.46

C.
Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.28
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8194
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.74
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8605
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8606
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 807.66
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9124
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 846.12
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9125
Amount of Each Receipt this Period: 38.46

B.
Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 865.35
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9367
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 961.50
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9679
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 153.84

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 999.96
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10061
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Grace Diaz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1038.42
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10106
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Lisa V. Downey
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10112
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard Duckworth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7955
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Richard Duckworth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8440
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Richard Duckworth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8441
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard Duckworth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8873
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kelly Duque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7958
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kelly Duque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8442
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kelly Duque
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8443
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kelly Duque
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8874
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kelly Duque
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8875
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kelly Duque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9372
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kelly Duque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9373
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kelly Duque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9782
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa M. Eilers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7599
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Lisa M. Eilers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7600
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Lisa M. Eilers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7959
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa M. Eilers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.7960
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Lisa M. Eilers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.7961
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Lisa M. Eilers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8444
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa M. Eilers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8445
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Lisa M. Eilers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8876
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Lisa M. Eilers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8877
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Lisa M. Eilers

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9374

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Lisa M. Eilers

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9375

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Lisa M. Eilers

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 480.75

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9774

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa M. Eilers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9893
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Thomas M. Everett
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7753
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Thomas M. Everett
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7754
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8195

Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8196

Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8197

Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt: 09 / 30 / 2013

Transaction ID : SA11AI.8609

Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 09 / 30 / 2013

Transaction ID : SA11AI.8610

Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 11 / 08 / 2013

Transaction ID : SA11AI.9128

Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9129

Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 596.13

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9377

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 637.79

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9653

Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 99.35

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 676.25

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10041

Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial)
Thomas M. Everett

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 714.71

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10086

Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial)
Hector L. Feliciano

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7964

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Hector L. Feliciano

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8446

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Hector L. Feliciano

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8447

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Hector L. Feliciano

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8881

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Hector L. Feliciano
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8882
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Hector L. Feliciano
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9581
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Hector L. Feliciano
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9582
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Hector L. Feliciano
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9775
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Hector L. Feliciano
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 403.83
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9894
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Traci L. Ferguson
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7967
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Traci L. Ferguson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8448

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Traci L. Ferguson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8449

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Traci L. Ferguson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8883

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Traci L. Ferguson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8884
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Traci L. Ferguson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9583
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Traci L. Ferguson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9584
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Traci L. Ferguson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9785

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Traci L. Ferguson

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9903

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8155

Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 59.29

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ryan B. Fogarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 229.13
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8156
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Ryan B. Fogarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.96
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8577
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Ryan B. Fogarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 270.79
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8578
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ryan B. Fogarty
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 291.62
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9091
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Ryan B. Fogarty
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 312.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9092
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Ryan B. Fogarty
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 331.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9378
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 60.89

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ryan B. Fogarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 427.83
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9680
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Ryan B. Fogarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 448.66
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10006
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Ryan B. Fogarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 469.49
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10015
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 137.81

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

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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)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 208.30
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8157
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 229.13
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8158
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.96
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8159
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 270.79
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8579
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 291.62
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8580
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 312.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9093
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 333.28
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9094
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 352.51
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9379
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 448.66
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9681
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 136.21

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 469.49
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10007
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Dalvin Ford
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 490.32
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10016
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Paul H. Frank
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7970
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 60.89

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Paul H. Frank
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8450
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Paul H. Frank
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8451
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Paul H. Frank
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8885
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Paul H. Frank
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8886
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Paul H. Frank
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9380
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Paul H. Frank
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9381
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Paul H. Frank
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9812
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Paul H. Frank
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9931
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Justin E. Frazer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7973
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Justin E. Frazer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8452
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Justin E. Frazer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8453
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Justin E. Frazer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8887
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Justin E. Frazer

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8888

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Justin E. Frazer

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9382

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Justin E. Frazer

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9383

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Justin E. Frazer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9872
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Justin E. Frazer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9991
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Eileen D. Gannon
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 203.43
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9757
Amount of Each Receipt this Period: 9.61

SUBTOTAL of Receipts This Page (optional) ▶ 48.07

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Eileen D. Gannon
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 213.04
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9763
Amount of Each Receipt this Period: 9.61

B. Full Name (Last, First, Middle Initial): Leonard Genco
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10/02/2013
Transaction ID : SA11AI.8746
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): David K. George
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.7976
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 528.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David K. George
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8454
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): David K. George
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8455
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): David K. George
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8892
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David K. George
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8893
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael A. Gerasimovich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7611
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael A. Gerasimovich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7612
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Michael A. Gerasimovich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7977
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Michael A. Gerasimovich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7978
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Michael A. Gerasimovich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7979
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Michael A. Gerasimovich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8456
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Michael A. Gerasimovich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8457
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Michael A. Gerasimovich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8894
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

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

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8895

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9388

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9389

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

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

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
480.75

Date of Receipt
M M 12 / D D 23 / Y Y Y Y 2013

Transaction ID : SA11AI.9882

Amount of Each Receipt this Period
19.23

B. Full Name (Last, First, Middle Initial)
Michael A. Gerasimovich

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
M M 12 / D D 23 / Y Y Y Y 2013

Transaction ID : SA11AI.10000

Amount of Each Receipt this Period
19.23

C. Full Name (Last, First, Middle Initial)
Jennifer E. Gillespie

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
296.14

Date of Receipt
M M 11 / D D 26 / Y Y Y Y 2013

Transaction ID : SA11AI.9682

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jennifer E. Gillespie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 334.60
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10049
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Jennifer E. Gillespie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 373.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10094
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Steven Goldberg
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: chief medical officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 07 / 15 / 2013
Transaction ID : SA11AI.7548
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ 5076.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7823
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7824
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8302
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8303
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8304
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8682
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8683
Amount of Each Receipt this Period: 96.15

B.
Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9225
Amount of Each Receipt this Period: 96.15

C.
Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9226
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2116.30
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9288
Amount of Each Receipt this Period: 1.00

B. Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2154.76
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9585
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2250.91
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10148
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 135.61

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Elizabeth Goodman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2347.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10181
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Robert Graham
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: director
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 31 / 2013
Transaction ID : SA11AI.7550
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7755
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 634.61

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7756
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8200
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8201
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8202
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.52
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8613
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8614
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9132
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9133
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9587
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 711.51
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9684
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 749.97
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10038
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Patricia B. Guay
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 788.43
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10082
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 173.07

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7825
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7826
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8305
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8306
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8307
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8684
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8685
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9227
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9228
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2124.91
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9305
Amount of Each Receipt this Period: 9.61

B. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2163.37
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9590
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2259.52
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10145
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 144.22

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael Haber
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2355.67
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10178
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7827
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7828
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8308
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8309
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8310
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8686
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8687
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9229
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9230
Amount of Each Receipt this Period: 96.15

B.
Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2153.76
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9591
Amount of Each Receipt this Period: 38.46

C.
Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2249.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9686
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2346.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10156
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Gregg Haddad
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2442.21
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10189
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Marcia B. Halbert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7982
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Marcia B. Halbert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8458
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Marcia B. Halbert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8459
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Marcia B. Halbert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8905
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Marcia B. Halbert

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8906

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Marcia B. Halbert

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9592

Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial)
Marcia B. Halbert

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9687

Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 153.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Marcia B. Halbert

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9778

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Marcia B. Halbert

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9896

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Nicole Hall

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7985

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nicole Hall
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8460
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Nicole Hall
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8461
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Nicole Hall
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8907
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nicole Hall
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.8908
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Nicole Hall
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9390
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Nicole Hall
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9391
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nicole Hall
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9865
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Nicole Hall
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9984
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Colleen M. Hampton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7987
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Colleen M. Hampton

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7988

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Colleen M. Hampton

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8462

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Colleen M. Hampton

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8463

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Colleen M. Hampton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8915
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Colleen M. Hampton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8916
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Colleen M. Hampton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9394
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Colleen M. Hampton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9395
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Colleen M. Hampton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9791
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Colleen M. Hampton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9909
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 729.12
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7872
Amount of Each Receipt this Period: 104.16

B. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 833.28
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7873
Amount of Each Receipt this Period: 104.16

C. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 937.44
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8374
Amount of Each Receipt this Period: 104.16

SUBTOTAL of Receipts This Page (optional) ▶ 312.48

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1041.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8375
Amount of Each Receipt this Period: 104.16

B. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1145.76
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8376
Amount of Each Receipt this Period: 104.16

C. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1249.92
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8729
Amount of Each Receipt this Period: 104.16

SUBTOTAL of Receipts This Page (optional) ▶ 312.48

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1354.08
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8730
Amount of Each Receipt this Period: 104.16

B. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1458.24
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9275
Amount of Each Receipt this Period: 104.16

C. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1562.40
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9276
Amount of Each Receipt this Period: 104.16

SUBTOTAL of Receipts This Page (optional) ▶ 312.48

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1600.86
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9593
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1697.01
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9690
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1801.17
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10194
Amount of Each Receipt this Period: 104.16

SUBTOTAL of Receipts This Page (optional) ▶ 238.77

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard M. Hanks
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1905.33
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10195
Amount of Each Receipt this Period: 104.16

B. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 403.83
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7757
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.29
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7758
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 181.08

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 480.75
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8203
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 519.21
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8204
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 557.67
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8205
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 596.13
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8615
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 634.59
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8616
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 673.05
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9137
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 711.51
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9138
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 749.97
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9594
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 846.12
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9691
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 173.07

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 884.58
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10058
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Merrill J. Hausenfluck
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 923.04
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10103
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Christine M. Hayes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7991
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christine M. Hayes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8464
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Christine M. Hayes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8465
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Christine M. Hayes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8920
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christine M. Hayes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8921
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Christine M. Hayes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 317.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9561
Amount of Each Receipt this Period: 28.84

C. Full Name (Last, First, Middle Initial): Christine M. Hayes
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 509.59
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9730
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 240.37

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Christine M. Hayes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 528.82

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9879

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Christine M. Hayes

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 548.05

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9997

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Tasha V. Hays

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.37

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9731

Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tasha V. Hays
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee.: C
Name of Employer: WellCare | Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 259.60
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9866
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee.: C
Name of Employer: WellCare Health Plans, Inc. | Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7621
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee.: C
Name of Employer: WellCare Health Plans, Inc. | Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7622
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7992
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7993
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7994
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8466
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8467
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8924
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9231
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 504.98
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9294
Amount of Each Receipt this Period: 5.00

C. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 524.21
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9398
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 120.38

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 620.36
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10130
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Maurice Hebert
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 716.51
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10161
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7759
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7760
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8206
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8207
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8208
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8617
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8618
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.9139
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.9140
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 581.90
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9295
Amount of Each Receipt this Period: 5.00

SUBTOTAL of Receipts This Page (optional) ▶ 81.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 601.13
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9399
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 639.59
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10069
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Lisa Hershiser
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 678.05
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10114
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7761
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7762
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8209
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8210
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8211
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8620
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8621
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9141
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9142
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 596.13
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9400
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.36
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9401
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 653.82
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10053
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Troy Hildreth
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.28
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10098
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Tanya Hillary
Mailing Address: 8735 Henderson Road
City: Tampa | State: FM | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.7997
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Tanya Hillary
Mailing Address: 8735 Henderson Road
City: Tampa | State: FM | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8468
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tanya Hillary
Mailing Address: 8735 Henderson Road
City: Tampa | State: FM | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8469
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Tanya Hillary
Mailing Address: 8735 Henderson Road
City: Tampa | State: FM | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8925
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Tanya Hillary
Mailing Address: 8735 Henderson Road
City: Tampa | State: FM | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8926
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tanya Hillary
Mailing Address: 8735 Henderson Road
City: Tampa State: FM Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9402
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Tanya Hillary
Mailing Address: 8735 Henderson Road
City: Tampa State: FM Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9403
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Tanya Hillary
Mailing Address: 8735 Henderson Road
City: Tampa State: FM Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9831
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tanya Hillary
Mailing Address: 8735 Henderson Road
City: Tampa State: FM Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9949
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7763
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7764
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8212
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8213
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8214
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8622
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8623
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9143
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

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[ ] 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)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9144
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 596.13
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9404
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 634.59
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9595
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 673.05
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10056
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): William Hinsdale
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 711.51
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10101
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): John J. Hofstetter
Mailing Address: 8735 Hendersonn Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7625
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John J. Hofstetter
Mailing Address: 8735 Hendersonn Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7626
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): John J. Hofstetter
Mailing Address: 8735 Hendersonn Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.7998
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): John J. Hofstetter
Mailing Address: 8735 Hendersonn Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.7999
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John J. Hofstetter
Mailing Address: 8735 Hendersonn Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8000
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): John J. Hofstetter
Mailing Address: 8735 Hendersonn Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8470
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): John J. Hofstetter
Mailing Address: 8735 Hendersonn Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8471
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
John J. Hofstetter

Mailing Address 8735 Hendersonn Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt
M M / D D / Y Y Y Y
11 / 08 / 2013

Transaction ID : SA11AI.8927

Amount of Each Receipt this Period
19.23

B. Full Name (Last, First, Middle Initial)
John J. Hofstetter

Mailing Address 8735 Hendersonn Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt
M M / D D / Y Y Y Y
11 / 08 / 2013

Transaction ID : SA11AI.8928

Amount of Each Receipt this Period
19.23

C. Full Name (Last, First, Middle Initial)
John J. Hofstetter

Mailing Address 8735 Hendersonn Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
442.29

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2013

Transaction ID : SA11AI.9405

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John J. Hofstetter
Mailing Address: 8735 Hendersonn Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.75
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9596
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): John J. Hofstetter
Mailing Address: 8735 Hendersonn Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9836
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): John J. Hofstetter
Mailing Address: 8735 Hendersonn Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 519.21
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9954
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7829
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 865.35
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7830
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 961.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8311
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1057.65
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8312
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.80
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8313
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8688
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8689
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9232
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.40
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9233
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1557.63
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9406
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1599.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9654
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1695.44
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10147
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 157.04

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Marla P. Holcomb
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1791.59
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10180
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Michele L. Hollander
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8003
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Laura Hungiville
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7831
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Laura Hungiville

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1442.25

Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7832

Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial)
Laura Hungiville

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8314

Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial)
Laura Hungiville

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1634.55

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8315

Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Laura Hungiville

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8316

Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial)
Laura Hungiville

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1826.85

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8690

Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial)
Laura Hungiville

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8691

Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Laura Hungiville
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9234
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Laura Hungiville
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9235
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Laura Hungiville
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2134.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9408
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Laura Hungiville
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2172.99
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9597
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Laura Hungiville
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2269.14
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10146
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Laura Hungiville
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2365.29
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10179
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa G. Iglesias
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2307.60
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7880
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Lisa G. Iglesias
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2499.90
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7881
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Lisa G. Iglesias
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2692.20
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8387
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa G. Iglesias
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2884.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8388
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Lisa G. Iglesias
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3076.80
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8389
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Lisa G. Iglesias
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3269.10
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8736
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3461.40

Date of Receipt: 09 / 30 / 2013

Transaction ID : SA11AI.8737

Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial)
Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt: 11 / 08 / 2013

Transaction ID : SA11AI.9281

Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial)
Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt: 11 / 08 / 2013

Transaction ID : SA11AI.9282

Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3865.23

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9410

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 3903.69

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9599

Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial)
Lisa G. Iglesias

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 4095.99

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10196

Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa G. Iglesias
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4288.29
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10201
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8004
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8005
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8006
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8472
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8473
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.8931
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.8932
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9411
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9600
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9777
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Jason Inman
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9895
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 730.74
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7833
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 826.89
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7834
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 923.04
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8317
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1019.19
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8318
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1115.34
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8319
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1211.49
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8692
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1307.64
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8693
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1403.79
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9236
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1499.94
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9237
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1519.17
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9412
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9413
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10154
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Hermilo O. Jazmines
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10187
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.75
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7835
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7836
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 673.05
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8320
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 769.20
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8321
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 865.35
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8322
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 961.50
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8694
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1057.65
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8695
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.80
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9238
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1249.95
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9239
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1269.18
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9414
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Pamela Johnson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1288.41
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9415
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7765
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7766
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8215
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8216
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8217
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.52
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8624
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8625
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9149
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9150
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 596.13
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9416
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.36
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9417
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 653.82
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10029
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Walter C. Johnson
Mailing Address: 8734 Hernderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.28
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10073
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Jacqueline M. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8009
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Jacqueline M. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8474
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jacqueline M. Jones
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8475
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Jacqueline M. Jones
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8935
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Jacqueline M. Jones
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8936
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jacqueline M. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9420
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Jacqueline M. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9601
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Jacqueline M. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9862
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jacqueline M. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9981
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Laura A. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7767
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Laura A. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7768
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Laura A. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8218
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Laura A. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8219
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Laura A. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 692.28
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8220
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Laura A. Jones

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 730.74

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8626

Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial)
Laura A. Jones

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8627

Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial)
Laura A. Jones

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9151

Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Laura A. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 846.12
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9152
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Laura A. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 865.35
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9421
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Laura A. Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 903.81
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9604
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Laura A. Jones

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 942.27

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10059

Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial)
Laura A. Jones

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 980.73

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10104

Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial)
Stephen Jones

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9602

Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Stephen Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9603
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Stephen Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10144
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Stephen Jones
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10177
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7837
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.35
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7838
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 961.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8323
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1057.65
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8324
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1153.80
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8325
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8696
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8697
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9243
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.40
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9244
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1557.63
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9422
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1576.86
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9423
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1673.01
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10138
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Paul Kensicki
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1769.16
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10169
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Thomas M. Kincaid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 208.30
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8161
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Thomas M. Kincaid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 229.13
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8162
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 137.81

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Thomas M. Kincaid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.96
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8581
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Thomas M. Kincaid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 270.79
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8582
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Thomas M. Kincaid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 291.62
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9095
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Thomas M. Kincaid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 312.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9096
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Thomas M. Kincaid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 331.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9424
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Thomas M. Kincaid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 350.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9425
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 59.29

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Thomas M. Kincaid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 371.74
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10009
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Thomas M. Kincaid
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 392.57
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10018
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7633
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 60.89

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7634
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8010
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8011
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8012
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8476
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8477
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8940
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8941
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9426
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9692
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 557.67
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9837
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Sharon L. King
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9955
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nancy A. Kirby
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8014
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Nancy A. Kirby
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8015
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Nancy A. Kirby
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8478
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nancy A. Kirby
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8479
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Nancy A. Kirby
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8942
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Nancy A. Kirby
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8943
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nancy A. Kirby
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9427
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Nancy A. Kirby
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9693
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Nancy A. Kirby
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.29
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9864
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Nancy A. Kirby
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9983
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 673.05
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7839
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7840
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.35
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8326
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 961.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8327
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1057.65
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8328
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1153.80
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8698
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8699
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9245
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9246
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1463.08
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9550
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1501.54
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9607
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 155.44

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1597.69
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10139
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): John J. Kirchner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1693.84
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10170
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael W. Kuehls
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7637
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Michael W. Kuehls
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7638
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Michael W. Kuehls
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8016
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Michael W. Kuehls
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8017
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael W. Kuehls
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8018
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael W. Kuehls
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8482
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael W. Kuehls
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8483
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael W. Kuehls
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8947
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Roman T. Kulich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9428
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Roman T. Kulich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 232.36
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9552
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 59.29

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Roman T. Kulich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 328.51
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10141
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Roman T. Kulich
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 424.66
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10172
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7639
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7640
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8019
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8020
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8021
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8484
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8485
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8950
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8951
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9430
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9431
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.75
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9788
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael T. Labrecque
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: healthcare
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9906
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7769
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7770
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8221
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8222
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8223
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.52
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8628
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8629
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9153
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9154
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 596.13
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9432
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.36
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9433
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 653.82
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10066
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Gregory A. LaManna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.28
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10111
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7841
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7842
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8329
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8330
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8331
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8700
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8701
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9250
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9251
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2134.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9434
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2172.99
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9609
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 153.84

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2269.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10157
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Jeffry P. Lannigan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2365.29
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10190
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Kevin A. LeBlanc
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7843
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Kevin A. LeBlanc
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7844
Amount of Each Receipt this Period: 96.15

B.
Full Name (Last, First, Middle Initial): Kevin A. LeBlanc
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8332
Amount of Each Receipt this Period: 96.15

C.
Full Name (Last, First, Middle Initial): Kevin A. LeBlanc
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8333
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kevin A. LeBlanc
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8334
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Kevin A. LeBlanc
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8702
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Kevin A. LeBlanc
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8703
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kevin A. LeBlanc
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9252
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Letty M. Lian-Segawa
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8024
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Letty M. Lian-Segawa
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8486
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Letty M. Lian-Segawa
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8487
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Letty M. Lian-Segawa
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8954
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Letty M. Lian-Segawa
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8955
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Letty M. Lian-Segawa

Mailing Address 8735 Henderon Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 298.06

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9309

Amount of Each Receipt this Period: 9.61

B. Full Name (Last, First, Middle Initial)
Letty M. Lian-Segawa

Mailing Address 8735 Henderon Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 317.29

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9437

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Letty M. Lian-Segawa

Mailing Address 8735 Henderon Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 336.52

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9886

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 48.07

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Letty M. Lian-Segawa
Mailing Address: 8735 Henderon Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 355.75
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10003
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7643
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7644
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8025
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8026
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8027
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8488
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8489
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8956
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8957
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 424.06
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9290
Amount of Each Receipt this Period: 1.00

C. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 462.52
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9611
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 58.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 481.75
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9838
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael S. Lisman
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.98
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9958
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kelly A. Logan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8030
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kelly A. Logan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8490
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kelly A. Logan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8491
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kelly A. Logan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8958
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Luke C. Lovgren
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8033
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Luke C. Lovgren
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8492
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Luke C. Lovgren
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8493
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Luke C. Lovgren
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8959
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Luke C. Lovgren
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8960
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Luke C. Lovgren
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9438
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Luke C. Lovgren
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 328.51
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9554
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Luke C. Lovgren
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 347.74
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9873
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Luke C. Lovgren
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 366.97
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9992
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 59.29

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 673.05
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7845
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7847
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.35
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8335
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 961.50
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8336
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1057.65
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8337
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1153.80
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8704
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8705
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9253
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9254
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1461.48
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9440
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1480.71
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9441
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1576.86
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10131
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Pam A. Lyons-Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1673.01
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10162
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Gregg MacDonald
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09/26/2013
Transaction ID : SA11AI.8399
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Beth A. Markley
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8038
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 365.38

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Beth A. Markley
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8039
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Beth A. Markley
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8496
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Beth A. Markley
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8497
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Beth A. Markley
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8966
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Beth A. Markley
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8967
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Beth A. Markley
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9613
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Joshua D. Martin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8042
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Joshua D. Martin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8498
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Joshua D. Martin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8499
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Joshua D. Martin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8968
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Joshua D. Martin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8969
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Joshua D. Martin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9614
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Joshua D. Martin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 376.91
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9660
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial): Joshua D. Martin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 396.14
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9802
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Joshua D. Martin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 415.37
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9920
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 88.46

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Joanna M. Maslanka
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8045
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Joanna M. Maslanka
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8500
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Joanna M. Maslanka
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8501
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Joanna M. Maslanka
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8970
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Joanna M. Maslanka
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8971
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Joanna M. Maslanka
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9444
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Joanna M. Maslanka
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 357.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9661
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial): Joanna M. Maslanka
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 376.91
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9839
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Joanna M. Maslanka
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 396.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9959
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 88.46

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7771
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7772
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8224
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8225
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8226
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.52
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8630
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8631
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9160
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9161
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 596.13
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9445
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9446
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10054
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Barbara E. Mason
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.28
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10099
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Bernadette S. Matheson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8048
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Bernadette S. Matheson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8502
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Bernadette S. Matheson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8503
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Bernadette S. Matheson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8972
Amount of Each Receipt this Period: 19.23

C.
Full Name (Last, First, Middle Initial): Bernadette S. Matheson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8973
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bernadette S. Matheson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9447
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Bernadette S. Matheson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 403.83
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9694
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Bernadette S. Matheson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9883
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bernadette S. Matheson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.29
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10001
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 673.05
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7848
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7849
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.35
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8338
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 961.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8339
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1057.65
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8340
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.80
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8706
Amount of Each Receipt this Period: 96.15

B.
Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8707
Amount of Each Receipt this Period: 96.15

C.
Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9255
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9256
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1461.48
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9448
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1557.63
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9695
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1653.78
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10134
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Carole A. Matyas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1749.93
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10165
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): John S. Maurer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 10 / 02 / 2013
Transaction ID : SA11AI.8748
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1192.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8163

Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial)
Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 229.13

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8164

Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8165

Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Leslie D. McKenzie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 270.79
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8583
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Leslie D. McKenzie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 291.62
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8584
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Leslie D. McKenzie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 312.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9097
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
333.28

Date of Receipt
M M / D D / Y Y Y Y
11 / 08 / 2013

Transaction ID : SA11AI.9098

Amount of Each Receipt this Period
20.83

B. Full Name (Last, First, Middle Initial)
Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
342.89

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2013

Transaction ID : SA11AI.9311

Amount of Each Receipt this Period
9.61

C. Full Name (Last, First, Middle Initial)
Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
439.04

Date of Receipt
M M / D D / Y Y Y Y
11 / 26 / 2013

Transaction ID : SA11AI.9696

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional) ▶ 126.59

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Leslie D. McKenzie
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 459.87
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10013
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Leslie D. McKenzie
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.70
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10023
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Sarah Helene McKinnie
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9697
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 137.81

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sarah Helene McKinnie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9795
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Sarah Helene McKinnie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9913
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7850
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 749.97
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7851
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 846.12
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8341
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 942.27
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8342
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1038.42
Date of Receipt: M M 09 / D D 04 / Y Y Y Y 2013
Transaction ID : SA11AI.8343
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1134.57
Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2013
Transaction ID : SA11AI.8708
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1230.72
Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2013
Transaction ID : SA11AI.8709
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1326.87
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9257
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1423.02
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9258
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1432.63
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9312
Amount of Each Receipt this Period: 9.61

SUBTOTAL of Receipts This Page (optional) ▶ 201.91

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1471.09
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9616
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1567.24
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10135
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): David J. McNichols
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1663.39
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10166
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Elizabeth M. Miller
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8506
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Elizabeth M. Miller
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8507
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Elizabeth M. Miller
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8982
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Elizabeth M. Miller
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8983
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Elizabeth M. Miller
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 274.98
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9297
Amount of Each Receipt this Period: 5.76

C. Full Name (Last, First, Middle Initial): Elizabeth M. Miller
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 294.21
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9451
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 44.22

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Elizabeth M. Miller
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 313.44
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9799
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Elizabeth M. Miller
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 332.67
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9919
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael A. Minor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7773
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael A. Minor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7774
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Michael A. Minor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8227
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Angela Mock
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8057
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Angela Mock
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8508
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Angela Mock
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8509
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Angela Mock
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8986
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Angela Mock
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.8987
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Angela Mock
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9454
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Angela Mock
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9455
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Angela Mock
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9855
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Angela Mock
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9974
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Janett Moore
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10097
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7852
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7853
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8344
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8345
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8346
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8710
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8711
Amount of Each Receipt this Period: 96.15

B.
Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9259
Amount of Each Receipt this Period: 96.15

C.
Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9260
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2134.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9457
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2230.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9699
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2326.83
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10160
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wendy A. Morriarty
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2422.98
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10193
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Timothy M. Mullen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8060
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Timothy M. Mullen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8510
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Timothy M. Mullen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8511
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Timothy M. Mullen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8988
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Timothy M. Mullen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8989
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Timothy M. Mullen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9617
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Timothy M. Mullen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9700
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Timothy M. Mullen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.29
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9849
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 153.84

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Timothy M. Mullen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9969
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kathleen Mulqueen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9978
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kelly A. Munson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8062
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kelly A. Munson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8063
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kelly A. Munson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8512
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kelly A. Munson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8513
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kelly A. Munson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8993
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kelly A. Munson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.8994
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kelly A. Munson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9458
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kelly A. Munson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9619
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Kelly A. Munson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9850
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kelly A. Munson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 403.83
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9970
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sharon Nisbet
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9462
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Sharon Nisbet
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9463
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Sharon Nisbet
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10143
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sharon Nisbet
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10175
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Diane C. Norcross
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 203.75
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9754
Amount of Each Receipt this Period: 9.61

C. Full Name (Last, First, Middle Initial): Diane C. Norcross
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 213.36
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9759
Amount of Each Receipt this Period: 9.61

SUBTOTAL of Receipts This Page (optional) ▶ 115.37

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael J. Orlosky
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 203.83
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10095
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Amelia Pantelis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 201.81
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.8814
Amount of Each Receipt this Period: 9.61

C. Full Name (Last, First, Middle Initial): Amelia Pantelis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.42
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.8815
Amount of Each Receipt this Period: 9.61

SUBTOTAL of Receipts This Page (optional) ▶ 57.68

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Amelia Pantelis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.65
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9465
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Amelia Pantelis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 326.80
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9703
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Amelia Pantelis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 336.41
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9756
Amount of Each Receipt this Period: 9.61

SUBTOTAL of Receipts This Page (optional) ▶ 124.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Amelia Pantelis
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.02
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9761
Amount of Each Receipt this Period: 9.61

B. Full Name (Last, First, Middle Initial): Daniel H. Paquin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2499.90
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7882
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Daniel H. Paquin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2692.20
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7883
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 394.21

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Daniel H. Paquin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2884.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8390
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Daniel H. Paquin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3076.80
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8391
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Daniel H. Paquin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3269.10
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8392
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Daniel H. Paquin
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3461.40
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8738
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 673.05
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7854
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7855
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 384.60

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 865.35
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8347
Amount of Each Receipt this Period: 96.15

B.
Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 961.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8348
Amount of Each Receipt this Period: 96.15

C.
Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1057.65
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8349
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1153.80
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8712
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8713
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9263
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9264
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.48
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9468
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Christopher T. Parrillo
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1480.71
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9469
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Christopher T. Parrillo

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1576.86

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10158

Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial)
Christopher T. Parrillo

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1673.01

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10191

Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial)
Jai P. Pillai

Mailing Address 8735 Henderson Avenue

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 673.05

Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7856

Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jai P. Pillai
Mailing Address: 8735 Henderson Avenue
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7857
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Jai P. Pillai
Mailing Address: 8735 Henderson Avenue
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 865.35
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8350
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Jai P. Pillai
Mailing Address: 8735 Henderson Avenue
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 961.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8351
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jai P. Pillai
Mailing Address: 8735 Henderson Avenue
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1057.65
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8352
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Jai P. Pillai
Mailing Address: 8735 Henderson Avenue
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.80
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8714
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Jai P. Pillai
Mailing Address: 8735 Henderson Avenue
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8715
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Betty S. Pilous
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8065
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Betty S. Pilous
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8066
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Betty S. Pilous
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8517
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Betty S. Pilous
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8518
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7858
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7859
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8353
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8354
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8355
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

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[ ] 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)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8716
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8717
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9283
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 384.60

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2307.60
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9284
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2326.83
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9470
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2346.06
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9471
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2538.36
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10199
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Michael R. Polen
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2730.66
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10203
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Mary Catherine Powell-Voight
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7860
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 480.75

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Mary Catherine Powell-Voight
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7861
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Mary Catherine Powell-Voight
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8356
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Mary Catherine Powell-Voight
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8357
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City: Tampa | State: FL | Zip Code: 33634

FEC ID number of contributing federal political committee. C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8358

Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial)
Mary Catherine Powell-Voight

Mailing Address 8735 Henderson Road

City: Tampa | State: FL | Zip Code: 33634

FEC ID number of contributing federal political committee. C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1826.85

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8718

Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial)
William A. Prince

Mailing Address 8735 Henderson Road

City: Tampa | State: FL | Zip Code: 33634

FEC ID number of contributing federal political committee. C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8069

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William A. Prince
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8519
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): William A. Prince
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8520
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): William A. Prince
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9000
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William A. Prince
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.9001
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): William A. Prince
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9474
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): William A. Prince
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 328.51
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9556
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 59.29

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William A. Prince
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 347.74
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9818
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): William A. Prince
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 366.97
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9937
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7775
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7776
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8228
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8229
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 692.28
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8230
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.74
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8632
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8633
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 807.66
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9170
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 846.12
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9171
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.35
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9475
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 884.58
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9476
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 923.04
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10070
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Jayme Anelalani Puu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 961.50
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10116
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Greg Quick
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7673
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Greg Quick
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7674
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Greg Quick
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8070
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Greg Quick
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8071
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Greg Quick
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8072
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Greg Quick
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8521
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Greg Quick
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8522
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Greg Quick
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9002
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Greg Quick
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9003
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 333.28
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7797
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 374.94
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7798
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 416.60
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8263
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 124.98

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 458.26
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8264
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.92
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8265
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 541.58
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8657
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 124.98

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 583.24
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8658
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 624.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9201
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 666.56
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9202
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 124.98

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 685.79
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9477
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 789.95
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9726
Amount of Each Receipt this Period: 104.16

C. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 831.61
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10119
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 165.05

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jeffrey S. Ray
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 873.27
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10122
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7675
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7676
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 80.12

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8073
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8074
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8075
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8523
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8524
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9004
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9005
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 443.89
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9557
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 548.05
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9727
Amount of Each Receipt this Period: 104.16

SUBTOTAL of Receipts This Page (optional) ▶ 144.22

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 567.28
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9854
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Anne E. Read
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 586.51
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9973
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Valerie L. Reininger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 203.91
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9765
Amount of Each Receipt this Period: 9.62

SUBTOTAL of Receipts This Page (optional) ▶ 48.08

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Valerie L. Reininger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 213.53
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9766
Amount of Each Receipt this Period: 9.62

B. Full Name (Last, First, Middle Initial): David T. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8078
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): David T. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8525
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 48.08

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SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David T. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8526
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): David T. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9009
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): David T. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9010
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David T. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 299.98
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9318
Amount of Each Receipt this Period: 11.53

B. Full Name (Last, First, Middle Initial): David T. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 319.21
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9478
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): David T. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 338.44
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9813
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 49.99

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): David T. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 357.67
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9932
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7679
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7680
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8079
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8080
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8081
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8527
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8528
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9011
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.9012
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.29
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9479
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 634.59
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9732
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9840
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Wendy J. Reynolds
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 673.05
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9960
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7777
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7778
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8231
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8232
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8233
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8634
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8635
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.36
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9172
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 653.82
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9173
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 673.05
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9480
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.35
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9733
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 903.81
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10036
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Michael L. Ridenour
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 942.27
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10080
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 269.22

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): James Rodgers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33636
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9481
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): James Rodgers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33636
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9482
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): James Rodgers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33636
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10028
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): James Rodgers
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33636
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10072
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Remedios Rodriguez
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8084
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Remedios Rodriguez
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8529
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Remedios Rodriguez
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8530
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Remedios Rodriguez
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9013
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Remedios Rodriguez
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9014
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Remedios Rodriguez
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9483
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Remedios Rodriguez
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 403.83
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9704
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Remedios Rodriguez
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9803
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Remedios Rodriguez
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.29
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9921
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7862
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7863
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8359
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8360
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8361
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8719
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8720
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9265
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9266
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2153.76
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9625
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2249.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9705
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2346.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10133
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Lauralie M. Rubel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2442.21
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10164
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7779
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7780
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8236
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8237
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8238
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8638
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8639
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9176
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9177
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 596.13
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9484
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 634.59
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9633
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 673.05
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10031
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Katherine Ryland
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 711.51
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10075
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7781
Amount of Each Receipt this Period: 38.46

B.
Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7782
Amount of Each Receipt this Period: 38.46

C.
Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8239
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8240
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.52
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8241
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8641
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8642
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9178
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.36
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9179
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 634.59
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9487
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9488
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 692.28
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10042
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Abby Dritz Salzer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 730.74
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10087
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 270.79
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7735
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 291.62
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7736
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 80.12

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 312.45
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8166
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 333.28
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8167
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 354.11
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8168
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 374.94
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8585
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 395.77
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8586
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 416.60
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9099
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 437.43
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9100
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 456.66
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9489
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 495.12
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9634
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 78.52

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 515.95
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10012
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Tracy M. Schmidt
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 536.78
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10022
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): George D. Shafer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8087
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 60.89

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): George D. Shafer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8531
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): George D. Shafer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8532
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): George D. Shafer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9023
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): George D. Shafer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9024
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): George D. Shafer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9490
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): George D. Shafer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9635
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): George D. Shafer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9817
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): George D. Shafer
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9936
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7803
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 88.46

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7804
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8272
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 850.00
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8273
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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 900.00
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8274
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 950.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8663
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8664
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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1050.00
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9207
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9208
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1119.23
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9491
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 119.23

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1138.46
Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2013
Transaction ID : SA11AI.9492
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1188.46
Date of Receipt: M M 12 / D D 23 / Y Y Y Y 2013
Transaction ID : SA11AI.10128
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial): Elliott A. Shaw Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1238.46
Date of Receipt: M M 12 / D D 23 / Y Y Y Y 2013
Transaction ID : SA11AI.10129
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 119.23

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Monique Slater
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8089
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Monique Slater
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8090
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Monique Slater
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8533
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Monique Slater
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8534
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Monique Slater
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.9027
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Lawrence R. Smart
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7687
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Lawrence R. Smart

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7688

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Lawrence R. Smart

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8091

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Lawrence R. Smart

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8092

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Lawrence R. Smart

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 346.14

Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8093

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Lawrence R. Smart

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8535

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Lawrence R. Smart

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8536

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lawrence R. Smart
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9028
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Lawrence R. Smart
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9029
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Lawrence R. Smart
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9495
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Lawrence R. Smart

Mailing Address 8735 Henderson Road

City: Tampa | State: FL | Zip Code: 33634

FEC ID number of contributing federal political committee. C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9706

Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial)
Lawrence R. Smart

Mailing Address 8735 Henderson Road

City: Tampa | State: FL | Zip Code: 33634

FEC ID number of contributing federal political committee. C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 557.67

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9843

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Lawrence R. Smart

Mailing Address 8735 Henderson Road

City: Tampa | State: FL | Zip Code: 33634

FEC ID number of contributing federal political committee. C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9963

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7864
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7865
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8362
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8363
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1730.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8364
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1826.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8721
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8722
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9267
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9268
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2134.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9496
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2230.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9707
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 2326.83
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10142
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Alan R. Smith
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 2422.98
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10173
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Philip G. Stalas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8096
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Philip G. Stalas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8537
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Philip G. Stalas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8538
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Philip G. Stalas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9030
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Philip G. Stalas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9031
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Philip G. Stalas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 330.11
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9656
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Philip G. Stalas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 426.26
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9708
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Philip G. Stalas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 445.49
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9781
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 157.04

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Philip G. Stalas
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 464.72
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9900
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Crystal L. Stickle
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8243
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Crystal L. Stickle
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8244
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Crystal L. Stickle
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8643
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Crystal L. Stickle
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8644
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Wesley K. Stiger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8099
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 96.15

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wesley K. Stiger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8539
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Wesley K. Stiger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8540
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Wesley K. Stiger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9032
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wesley K. Stiger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9033
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Wesley K. Stiger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 330.11
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9657
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Wesley K. Stiger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 426.26
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9709
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 157.04

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Wesley K. Stiger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 445.49
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9796
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Wesley K. Stiger
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 464.72
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9915
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Eva E. Sullivan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 270.76
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9734
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Eva E. Sullivan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 289.99
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9797
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Eva E. Sullivan
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 309.22
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9916
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Luz Sumarriva
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 243.83
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9735
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Luz Sumarriva
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 255.36
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9768
Amount of Each Receipt this Period: 11.53

B. Full Name (Last, First, Middle Initial): Luz Sumarriva
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 266.89
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9771
Amount of Each Receipt this Period: 11.53

C. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 673.05
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7866
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 119.21

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

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7867
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.35
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8365
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 961.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8366
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1057.65
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8367
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1153.80
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8723
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1249.95
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8724
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1346.10
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9269
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1442.25
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9270
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1461.48
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9504
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1499.94
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9636
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1596.09
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10140
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Christopher P. Surrell
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1692.24
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10171
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 230.76

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Mark E. Swink
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8102
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Mark E. Swink
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8541
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Mark E. Swink
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8542
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Mark E. Swink
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9040
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael P. Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8105
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael P. Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8543
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Michael P. Taylor

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8544

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Michael P. Taylor

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9041

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Michael P. Taylor

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9042

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael P. Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9506
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael P. Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9638
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Michael P. Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9786
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael P. Taylor
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9904
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): John S. Tedesco
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 208.30
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8169
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): John S. Tedesco
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 229.13
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8170
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 60.89

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John S. Tedesco
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.96
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8171
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): John S. Tedesco
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 270.79
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8587
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): John S. Tedesco
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 291.62
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8588
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John S. Tedesco
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 312.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9101
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): John S. Tedesco
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 333.28
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9102
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): John S. Tedesco
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 371.74
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9639
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 80.12

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Jesse L. Thomas Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2499.90
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7884
Amount of Each Receipt this Period: 192.30

B.
Full Name (Last, First, Middle Initial): Jesse L. Thomas Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2692.20
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7885
Amount of Each Receipt this Period: 192.30

C.
Full Name (Last, First, Middle Initial): Jesse L. Thomas Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2884.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8393
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Jesse L. Thomas Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3076.80
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8394
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Jesse L. Thomas Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3269.10
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8395
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Jesse L. Thomas Jr.
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 3461.40
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8739
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Brian C. Thornton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 208.30
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8173
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Brian C. Thornton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 229.13
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8174
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Brian C. Thornton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.96
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8589
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Brian C. Thornton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 270.79
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8590
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Brian C. Thornton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 291.62
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9103
Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial): Brian C. Thornton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 312.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9104
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 62.49

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Brian C. Thornton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 331.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9509
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Brian C. Thornton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 370.14
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9641
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Brian C. Thornton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 390.97
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10011
Amount of Each Receipt this Period: 20.83

SUBTOTAL of Receipts This Page (optional) ▶ 78.52

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Brian C. Thornton
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 411.80
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10020
Amount of Each Receipt this Period: 20.83

B. Full Name (Last, First, Middle Initial): Mary Jane Toomey
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.33
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9710
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Mary Jane Toomey
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 299.86
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9767
Amount of Each Receipt this Period: 11.53

SUBTOTAL of Receipts This Page (optional) ▶ 128.51

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Mary Jane Toomey
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 311.39
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9769
Amount of Each Receipt this Period: 11.53

B. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2499.90
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7886
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2692.20
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7887
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 396.13

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2884.50
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8396
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3076.80
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8397
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3269.10
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8398
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3461.40
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8740
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3653.70
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8741
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3846.00
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9285
Amount of Each Receipt this Period: 192.30

SUBTOTAL of Receipts This Page (optional) ▶ 576.90

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4038.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9286
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4045.99
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9302
Amount of Each Receipt this Period: 7.69

C. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4142.14
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9711
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 296.14

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4334.44
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10200
Amount of Each Receipt this Period: 192.30

B. Full Name (Last, First, Middle Initial): Thomas Tran
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4526.74
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10204
Amount of Each Receipt this Period: 192.30

C. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7785
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 423.06

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7786
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8245
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8246
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8247
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.52
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8645
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8646
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9185
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9186
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9642
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 711.51
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9713
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 749.97
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10060
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Lisa VanSteelant
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 788.43
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10105
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 173.07

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7787
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7788
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8248
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8249
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8250
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8647
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8648
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9187
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.36
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9188
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 653.82
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9643
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 692.28
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9644
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 730.74
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10043
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Steven A. Vetrano
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10088
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7697
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7698
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8106
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8107
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8108
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8545
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8546
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9046
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9047
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9511
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 480.75
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9645
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9841
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Leonel Viel
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 519.21
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9961
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Karen J. Viera
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8111
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Karen J. Viera
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8547
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Karen J. Viera
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8548
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Karen J. Viera
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9048
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Karen J. Viera
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9049
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Karen J. Viera
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9512
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Karen J. Viera
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9513
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Karen J. Viera
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9804
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Karen J. Viera
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9922
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7701
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7702
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8112
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8113
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8114
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8549
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8550
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9050
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9051
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9514
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9515
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 480.75
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9858
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Timothy R. Waggoner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.98
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9977
Amount of Each Receipt this Period: 19.23

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ballard P. Walden
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8116
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Ballard P. Walden
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8117
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Ballard P. Walden
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8551
Amount of Each Receipt this Period: 19.23

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ballard P. Walden
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8552
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Ballard P. Walden
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9052
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Ballard P. Walden
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9053
Amount of Each Receipt this Period: 19.23

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ballard P. Walden
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9516
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Ballard P. Walden
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9517
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Ballard P. Walden
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9842
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ballard P. Walden
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9962
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 333.28
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7799
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 374.94
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7800
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 102.55

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 416.60
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8266
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 458.26
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8267
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 499.92
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8268
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 124.98

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 541.58
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8659
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 583.24
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8660
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 624.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9203
Amount of Each Receipt this Period: 41.66

SUBTOTAL of Receipts This Page (optional) ▶ 124.98

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 666.56
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.9204
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 685.79
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9520
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 724.25
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9646
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 99.35

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee.: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 765.91
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10121
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial): Ed Wang
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee.: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 807.57
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10124
Amount of Each Receipt this Period: 41.66

C. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee.: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7705
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 102.55

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7706
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8118
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8119
Amount of Each Receipt this Period: 19.23

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 346.14
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8120
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 365.37
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8553
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8554
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9057
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9058
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9521
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 480.75
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9647
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9845
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kathy C. Warner
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 519.21
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9965
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): William K. Watson
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 235.38
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10118
Amount of Each Receipt this Period: 40.00

B. Full Name (Last, First, Middle Initial): Teddy J. Webster
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 230.76
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9716
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Teddy J. Webster
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10051
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 174.61

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

SCHEDULE A (FEC Form 3X)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Teddy J. Webster
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.10096
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Richard A. Wellons
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8123
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Richard A. Wellons
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8555
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard A. Wellons
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8556
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Richard A. Wellons
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9062
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Richard A. Wellons
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9063
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard A. Wellons
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9524
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Richard A. Wellons
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9525
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Richard A. Wellons
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9808
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Richard A. Wellons
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9927
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): John David White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8124
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): John David White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8125
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): John David White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8126
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): John David White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8557
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): John David White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8558
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7789
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7790
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8251
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8252
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.52
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8253
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8649
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8650
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9191
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9192
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 634.59
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9527
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.74
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9719
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10039
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 153.84

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Sandra White
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 807.66
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10083
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Randolph S. Wojnarowicz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8129
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Randolph S. Wojnarowicz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8559
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8560

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9068

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9069

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9529

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 328.51

Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9560

Amount of Each Receipt this Period: 20.83

C. Full Name (Last, First, Middle Initial)
Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 347.74

Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9852

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 59.29

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Randolph S. Wojnarowicz
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 366.97
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9972
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Chang Xie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8132
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Chang Xie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8561
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Chang Xie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8562
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Chang Xie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9070
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Chang Xie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9071
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Chang Xie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9530
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Chang Xie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9531
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Chang Xie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9857
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Chang Xie
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9976
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 903.81
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7868
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 999.96
Date of Receipt: 08/05/2013
Transaction ID : SA11AI.7869
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1096.11
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8368
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1192.26
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8369
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1288.41
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8370
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1384.56
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8725
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1480.71
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8726
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1576.86
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9271
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1673.01
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9272
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1692.24
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9534
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1711.47
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9535
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1807.62
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10150
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Yan Xiong
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1903.77
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10183
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Kristy Yarcho
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8135
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kristy Yarcho
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8563
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kristy Yarcho
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8564
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kristy Yarcho
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9074
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kristy Yarcho
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9075
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kristy Yarcho
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9536
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Kristy Yarcho
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9720
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kristy Yarcho
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9814
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Kristy Yarcho
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 442.29
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9933
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7715
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7716
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8136
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8137
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8138
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8565
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8566
Amount of Each Receipt this Period: 19.23

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9076
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9077
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 519.21
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9721
Amount of Each Receipt this Period: 96.15

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9722
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 634.59
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9846
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Mary Virginia Yates
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9966
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7717
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7718
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 307.68
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8139
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 326.91
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8140
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8141
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8567
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8568
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 403.83
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9078
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9079
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 442.29
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9537
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9723
Amount of Each Receipt this Period: 96.15

C.
Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 557.67
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9780
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Yin Yiu
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9899
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1346.10
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7870
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa | State: FL | Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1442.25
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7871
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1538.40
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8371
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1634.55
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8372
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1730.70
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8373
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1826.85
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8727
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1923.00
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8728
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2019.15
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9273
Amount of Each Receipt this Period: 96.15

SUBTOTAL of Receipts This Page (optional) ▶ 288.45

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2115.30
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9274
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2134.53
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9540
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2172.99
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9648
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 153.84

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2269.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10132
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Michael Carl Yount
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2365.29
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10163
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Annette L. Zerbe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7719
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 211.53

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)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Annette L. Zerbe

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt: 08 / 05 / 2013

Transaction ID : SA11AI.7720

Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial)
Annette L. Zerbe

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt: 09 / 04 / 2013

Transaction ID : SA11AI.8142

Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial)
Annette L. Zerbe

Mailing Address 8735 Henderson Road

City: Tampa
State: FL
Zip Code: 33634

FEC ID number of contributing federal political committee.: C

Name of Employer: WellCare Health Plans, Inc.
Occupation: health care

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt: 09 / 04 / 2013

Transaction ID : SA11AI.8143

Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Annette L. Zerbe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 346.14
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8144
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Annette L. Zerbe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.37
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8569
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Annette L. Zerbe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 384.60
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8570
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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)
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Annette L. Zerbe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 403.83
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.9083
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Annette L. Zerbe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 423.06
Date of Receipt: 11/08/2013
Transaction ID : SA11AI.9084
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Annette L. Zerbe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 461.52
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9649
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Annette L. Zerbe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 557.67
Date of Receipt: 11/26/2013
Transaction ID : SA11AI.9724
Amount of Each Receipt this Period: 96.15

B. Full Name (Last, First, Middle Initial): Annette L. Zerbe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9874
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Annette L. Zerbe
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 596.13
Date of Receipt: 12/23/2013
Transaction ID : SA11AI.9993
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 134.61

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Don Zhang
Mailing Address: 8735 Henderson Road
City: Tampa
State: FL
Zip Code: 33634
FEC ID number of contributing federal political committee.: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 538.44
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7791
Amount of Each Receipt this Period: 38.46

B.
Full Name (Last, First, Middle Initial): Don Zhang
Mailing Address: 8735 Henderson Road
City: Tampa
State: FL
Zip Code: 33634
FEC ID number of contributing federal political committee.: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 576.90
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7792
Amount of Each Receipt this Period: 38.46

C.
Full Name (Last, First, Middle Initial): Don Zhang
Mailing Address: 8735 Henderson Road
City: Tampa
State: FL
Zip Code: 33634
FEC ID number of contributing federal political committee.: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 615.36
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8254
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Don Zhang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 653.82
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8255
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Don Zhang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 692.28
Date of Receipt: 09/04/2013
Transaction ID : SA11AI.8256
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Don Zhang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.74
Date of Receipt: 09/30/2013
Transaction ID : SA11AI.8651
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Don Zhang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 769.20
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8652
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Don Zhang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 807.66
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9193
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Don Zhang
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: WellCare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 846.12
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9194
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7793
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 08 / 05 / 2013
Transaction ID : SA11AI.7794
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 384.60
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8257
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 423.06
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8258
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 461.52
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8259
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 499.98
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8653
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 538.44
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8654
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 576.90
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9195
Amount of Each Receipt this Period: 38.46

C. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 615.36
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9196
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 115.38

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 634.59
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9541
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 730.74
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9725
Amount of Each Receipt this Period: 96.15

C. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 769.20
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10030
Amount of Each Receipt this Period: 38.46

SUBTOTAL of Receipts This Page (optional) ▶ 153.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Carlene C. Zincke
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 807.66
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.10074
Amount of Each Receipt this Period: 38.46

B. Full Name (Last, First, Middle Initial): Scott R. Zinna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 211.53
Date of Receipt: 09 / 04 / 2013
Transaction ID : SA11AI.8147
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Scott R. Zinna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 230.76
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8571
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 76.92

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Scott R. Zinna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 09 / 30 / 2013
Transaction ID : SA11AI.8572
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Scott R. Zinna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 269.22
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9085
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Scott R. Zinna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 288.45
Date of Receipt: 11 / 08 / 2013
Transaction ID : SA11AI.9086
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Scott R. Zinna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 307.68
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9542
Amount of Each Receipt this Period: 19.23

B. Full Name (Last, First, Middle Initial): Scott R. Zinna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 326.91
Date of Receipt: 11 / 26 / 2013
Transaction ID : SA11AI.9543
Amount of Each Receipt this Period: 19.23

C. Full Name (Last, First, Middle Initial): Scott R. Zinna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 346.14
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9851
Amount of Each Receipt this Period: 19.23

SUBTOTAL of Receipts This Page (optional) ▶ 57.69

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A.
Full Name (Last, First, Middle Initial): Scott R. Zinna
Mailing Address: 8735 Henderson Road
City: Tampa State: FL Zip Code: 33634
FEC ID number of contributing federal political committee: C
Name of Employer: Wellcare Health Plans, Inc.
Occupation: health care
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.37
Date of Receipt: 12 / 23 / 2013
Transaction ID : SA11AI.9971
Amount of Each Receipt this Period: 19.23

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 19.23

TOTAL This Period (last page this line number only) ▶ 92485.16

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Bilirakis for Congress
Mailing Address: P. O. Box 606
City: Tarpon Springs State: FL Zip Code: 34688
Purpose of Disbursement: contribution
Candidate Name: Gus Michael Bilirakis
Category/Type:
Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 12
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 12 / 18 / 2013
Transaction ID : SB23.10230
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Bill Nelson for U.S. Senate
Mailing Address: 972 W. Whitmire Drive
City: Melbourne State: FL Zip Code: 32935
Purpose of Disbursement: contribution
Candidate Name: Bill Nelson
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: FL District: 00
Disbursement For: 2018 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 08 / 16 / 2013
Transaction ID : SB23.8770
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Bill Nelson for U.S. Senate
Mailing Address: 972 W. Whitmire Drive
City: Melbourne State: FL Zip Code: 32935
Purpose of Disbursement: contribution
Candidate Name: Bill Nelson
Category/Type:
Office Sought: [ ] House [X] Senate [ ] President
State: FL District: 00
Disbursement For: 2018 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 08 / 16 / 2013
Transaction ID : SB23.8771
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Castor For Congress
Mailing Address: 301 W. Platt Street, #385
City: Tampa State: FL Zip Code: 33606
Purpose of Disbursement: contribution
Candidate Name: Kathy Castor
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 14
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 31 / 2013
Transaction ID : SB23.8759
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Crowley for Congress
Mailing Address: 84-56 Grand Avenue
City: Elmhurst State: NY Zip Code: 11373
Purpose of Disbursement: contribution
Candidate Name: Joseph Crowley
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 14
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 01 / 2013
Transaction ID : SB23.10303
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Democratic Congressional Campaign Committee
Mailing Address: 430 S. Capitol Street, S.E.
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 18 / 2013
Transaction ID : SB23.8779
Amount of Each Disbursement this Period: 10000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Friends of Dick Durbin
Mailing Address: P. O. Box 1949
City: Springfield State: IL Zip Code: 62705
Purpose of Disbursement: contribution
Candidate Name: Richard Durbin
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: IL District: 00
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 01 / 2013
Transaction ID : SB23.10213
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Friends of John Barrow
Mailing Address: P. O. Box 1001
City: Augusta State: GA Zip Code: 30903
Purpose of Disbursement: contribution
Candidate Name: John Barrow
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 12
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 01 / 2013
Transaction ID : SB23.10211
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Friends of Patrick Murphy
Mailing Address: 4521 PGA Blvd., #412
City: Palm Beach Gardens State: FL Zip Code: 33418
Purpose of Disbursement: contribution
Candidate Name: Patrick Murphy
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 18
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 19 / 2013
Transaction ID : SB23.8762
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Friends of Schumer
Mailing Address: 192 Lexington Avenue, #1001
City: New York State: NY Zip Code: 10016
Purpose of Disbursement: contribution
Candidate Name: Charles Schumer
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: NY District: 00
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 08 / 2013
Transaction ID : SB23.10248
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Kentucky Democratic Party
Mailing Address: P. O. Box 694
City: Frankfort State: KY Zip Code: 40602
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 07 / 2013
Transaction ID : SB23.11375
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Kentucky Democratic Party
Mailing Address: P. O. Box 694
City: Frankfort State: KY Zip Code: 40602
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 04 / 2013
Transaction ID : SB23.11377
Amount of Each Disbursement this Period: 1500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Moving America Forward
Mailing Address: 972 W. Whitmire Drive
City: Melbourne State: FL Zip Code: 32935
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 16 / 2013
Transaction ID : SB23.8775
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): National Republican Congressional Committee
Mailing Address: 320 First Street, S.E.
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 31 / 2013
Transaction ID : SB23.8757
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial): National Republican Senatorial Committee
Mailing Address: 425 Second Street, N.E.
City: Washington State: DC Zip Code: 20002
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 30 / 2013
Transaction ID : SB23.8778
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 15000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Republican Party of Kentucky
Mailing Address: P. O. Box 1068
City: Frankfort State: KY Zip Code: 40602
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 22 / Y Y Y Y 2013
Transaction ID : SB23.11379
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Republican Party of Kentucky
Mailing Address: P. O. Box 1068
City: Frankfort State: KY Zip Code: 40602
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 28 / Y Y Y Y 2013
Transaction ID : SB23.11381
Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial): Republican Party of Kentucky
Mailing Address: P. O. Box 1068
City: Frankfort State: KY Zip Code: 40602
Purpose of Disbursement: contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 28 / Y Y Y Y 2013
Transaction ID : SB23.11383
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶ 58500.00

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)
21b 22 23 24 25 26
27 28a 28b 28c X 29 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Abercrombie for Governor
Mailing Address: 1050 Ala Moana Blvd., #2150
City: Honolulu State: HI Zip Code: 96814
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 07 / 29 / 2013
Transaction ID : SB29.8768
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Addie Wuchner for State Representative
Mailing Address: 1644 Glens Drive
City: Florence State: KY Zip Code: 41042
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 12 / 03 / 2013
Transaction ID : SB29.10278
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Alice Kerr for State Senate
Mailing Address: 3274 Gondola Drive
City: Lexington State: KY Zip Code: 40513
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 12 / 03 / 2013
Transaction ID : SB29.10304
Amount of Each Disbursement this Period: 1000.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Brandon Smith for State Senate
Mailing Address: P. O. Box 846
City: Hazard State: KY Zip Code: 41702
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 11 / D D 18 / Y Y Y Y 2013
Transaction ID : SB29.10272
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Elliot Naishtat Campaign
Mailing Address: 6401 Wilbur Lane
City: Austin State: TX Zip Code: 78757
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 07 / Y Y Y Y 2013
Transaction ID : SB29.10301
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): Four Price Campaign
Mailing Address: 2606 S. Lipscomb Street
City: Amarillo State: TX Zip Code: 79109
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 07 / Y Y Y Y 2013
Transaction ID : SB29.10285
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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)
21b 22 23 24 25 26
27 28a 28b 28c X 29 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Friends of Bob Deuell
Mailing Address: P. O. Box 8609
City: Greenville State: TX Zip Code: 75404
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10 / 07 / 2013
Transaction ID : SB29.10294
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): Friends of David Ige
Mailing Address: P. O. Box 2999
City: Aiea State: HI Zip Code: 96701
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 09 / 03 / 2013
Transaction ID : SB29.8786
Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial): Friends of Donna Mercado Kim
Mailing Address: 1528 Onipaa Street
City: Honolulu State: HI Zip Code: 96819
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 09 / 03 / 2013
Transaction ID : SB29.8788
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Friends of John Zerwas
Mailing Address: One Greenway Plaza, #225
City: Houston State: TX Zip Code: 77046
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 07 / Y Y Y Y 2013
Transaction ID : SB29.10287
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): Friends of Rosalyn Baker
Mailing Address: P. O. Box 10394
City: Lahaina State: HI Zip Code: 96761
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 12 / D D 03 / Y Y Y Y 2013
Transaction ID : SB29.10280
Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial): Friends of Senator Jane Nelson
Mailing Address: P. O. Box 608
City: Grapevine State: TX Zip Code: 76099
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 07 / Y Y Y Y 2013
Transaction ID : SB29.10256
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

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)
21b 22 23 24 25 26
27 28a 28b 28c X 29 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Julie Raque Adams for State Senate

Mailing Address 213 S. Lyndon Lane

City: Louisville State: KY Zip Code: 40222

Purpose of Disbursement: non-federal contribution

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 11 / 18 / 2013

Transaction ID : SB29.10274

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Keep State Representative Jeff Greer

Mailing Address P. O. Box 1007

City: Brandenburg State: KY Zip Code: 40108

Purpose of Disbursement: non-federal contribution

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 07 / 31 / 2013

Transaction ID : SB29.8783

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Kentucky House Democratic Caucus Committee

Mailing Address P. O. Box 4204

City: Frankfort State: KY Zip Code: 40604

Purpose of Disbursement: non-federal contribution

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement: 10 / 28 / 2013

Transaction ID : SB29.10260

Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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)
21b 22 23 24 25 26
27 28a 28b 28c X 29 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Kentucky Senate Democratic Caucus
Mailing Address: P. O. Box 4582
City: Frankfurt State: KY Zip Code: 40601
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 12 / 12 / 2013
Transaction ID : SB29.10318
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): Lois W. Kolkhorst Campaign
Mailing Address: P. O. Box 2546
City: Brenham State: TX Zip Code: 77834
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10 / 07 / 2013
Transaction ID : SB29.10262
Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial): Mike Wilson for State Senate
Mailing Address: 631 Washington Avenue
City: Bowling Green State: KY Zip Code: 42103
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 12 / 03 / 2013
Transaction ID : SB29.10276
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

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)
21b 22 23 24 25 26
27 28a 28b 28c X 29 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial)
Republican Party of Kentucky

Mailing Address P. O. Box 1068

City: Frankfort State: KY Zip Code: 40602

Purpose of Disbursement: non-federal contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 12 / 04 / 2013

Transaction ID : SB29.10254

Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
Richard Pena Raymond Campaign

Mailing Address P. O. Box 450349

City: Laredo State: TX Zip Code: 78045

Purpose of Disbursement: non-federal contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 07 / 2013

Transaction ID : SB29.10300

Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Robert Nichols Campaign

Mailing Address 214 E. Commerce

City: Jacksonville State: TX Zip Code: 75766

Purpose of Disbursement: non-federal contribution

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 10 / 07 / 2013

Transaction ID : SB29.10320

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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)
21b 22 23 24 25 26
27 28a 28b 28c X 29 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Royce West Campaign
Mailing Address: 5787 S. Hampton Road, #440
City: Dallas State: TX Zip Code: 75232
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10 / 07 / 2013
Transaction ID : SB29.10295
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): Senator Judith Zaffirini Campaign
Mailing Address: P. O. Box 627
City: Laredo State: TX Zip Code: 78042
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10 / 07 / 2013
Transaction ID : SB29.10299
Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial): Susan Westrom Campaign
Mailing Address: 2965 Candlelight Way
City: Lexington State: KY Zip Code: 40502
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 12 / 03 / 2013
Transaction ID : SB29.10306
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

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)
21b 22 23 24 25 26
27 28a 28b 28c X 29 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Texans for Charles Schwertner
Mailing Address: P. O. Box 2448
City: Georgetown State: TX Zip Code: 78627
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10 / 07 / 2013
Transaction ID : SB29.10283
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): Texans for Greg Abbott
Mailing Address: P. O. Box 308
City: Austin State: TX Zip Code: 78767
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10 / 07 / 2013
Transaction ID : SB29.10289
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Texans for Joan Huffman
Mailing Address: 3375 Westpark Drive, #135
City: Houston State: TX Zip Code: 77005
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10 / 07 / 2013
Transaction ID : SB29.10264
Amount of Each Disbursement this Period: 500.00

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)
21b 22 23 24 25 26
27 28a 28b 28c X 29 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Full Name (Last, First, Middle Initial): Texans for Joe Straus
Mailing Address: P. O. Box 90388
City: San Antonio State: TX Zip Code: 78209
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 10 / 07 / 2013
Transaction ID : SB29.10258
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Will Coursey for State Representative
Mailing Address: 285 Oaklevel-Elva Road
City: Symsonia State: KY Zip Code: 42082
Purpose of Disbursement: non-federal contribution
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 12 / 03 / 2013
Transaction ID : SB29.10308
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 26000.00