

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 02 2010 in the State of DC

5. Covering Period 10 14 2010 through 11 22 2010

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

Type or Print Name of Treasurer John Ruhlmann

Signature of Treasurer Electronically Filed by John Ruhlmann Date 11 29 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		141637.52
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	95601.51									
(c) Total Receipts (from Line 19)	2119.42	17781.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	97720.93	159419.04								
7. Total Disbursements (from Line 31)	521.92	62220.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97199.01	97199.01								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

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)	1816.12	12115.56
(ii) Unitemized	303.30	5665.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2119.42	17781.52
(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)	2119.42	17781.52
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2119.42	17781.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2119.42	17781.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	21.92	220.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	21.92	220.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	23500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	38500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	521.92	62220.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	521.92	62220.03

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	2119.42	17781.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2119.42	17781.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21.92	220.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	21.92	220.03

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

<p>A. Full Name (Last, First, Middle Initial) Michael Bahr</p> <p>Mailing Address 4669 W. Vista Drive</p> <p>City Highland State UT Zip Code 84003</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Coventry Health Care Inc. Occupation Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1050.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0</p> <p>Transaction ID: A2010-2858579</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Michael Bahr</p> <p>Mailing Address 4669 W. Vista Drive</p> <p>City Highland State UT Zip Code 84003</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Coventry Health Care Inc. Occupation Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1100.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</p> <p>Transaction ID: A2010-3030135</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Michael Bahr</p> <p>Mailing Address 4669 W. Vista Drive</p> <p>City Highland State UT Zip Code 84003</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Coventry Health Care Inc. Occupation Manager</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1175.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 1 0</p> <p>Transaction ID: A2010-3030162</p> <p>Amount of Each Receipt this Period 75.00</p>
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SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	

A. Form/Schedule : **SA11AI**

Transaction ID :

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Pamela Barnes		Date of Receipt
	Mailing Address 804 Dorset Drive		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wheaton	IL	60187
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	Transaction ID: A2010-2858563
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="10.00"/>

B.	Full Name (Last, First, Middle Initial) Pamela Barnes		Date of Receipt
	Mailing Address 804 Dorset Drive		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wheaton	IL	60187
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	Transaction ID: A2010-3030119
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="10.00"/>

C.	Full Name (Last, First, Middle Initial) Pamela Barnes		Date of Receipt
	Mailing Address 804 Dorset Drive		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Wheaton	IL	60187
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	Transaction ID: A2010-3030146
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="230.00"/>	<input type="text" value="10.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 29
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Edward Borovatz</p> <p>Mailing Address 14742 Rolling Spring Drive Apt #207-5</p> <p>City State Zip Code Midlothian VA 23114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Coventry Health Care Inc. Occupation Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 735.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2010</p> <p>Transaction ID: A2010-2858566</p> <p>Amount of Each Receipt this Period 35.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Edward Borovatz</p> <p>Mailing Address 14742 Rolling Spring Drive Apt #207-5</p> <p>City State Zip Code Midlothian VA 23114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Coventry Health Care Inc. Occupation Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 770.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2010</p> <p>Transaction ID: A2010-3030122</p> <p>Amount of Each Receipt this Period 35.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Edward Borovatz</p> <p>Mailing Address 14742 Rolling Spring Drive Apt #207-5</p> <p>City State Zip Code Midlothian VA 23114</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Coventry Health Care Inc. Occupation Vice President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 805.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2010</p> <p>Transaction ID: A2010-3030149</p> <p>Amount of Each Receipt this Period 35.00</p>
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SUBTOTAL of Receipts This Page (optional)	105.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Brian Britt		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 330 West Meadow Drive		Transaction ID: A2010-2858580
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

B.

Full Name (Last, First, Middle Initial) Brian Britt		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 330 West Meadow Drive		Transaction ID: A2010-3030136
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00	

C.

Full Name (Last, First, Middle Initial) Brian Britt		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
Mailing Address 330 West Meadow Drive		Transaction ID: A2010-3030163
City Mechanicsburg	State PA	Zip Code 17055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 29 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) Adrian Engels</p> <p>Mailing Address 2523 E Oak Grove Dr</p> <hr/> <p>City State Zip Code Sandy UT 84092</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Coventry Health Care Inc. Occupation: Supervisor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2010</p> <p>Transaction ID: A2010-2858561</p> <p>Amount of Each Receipt this Period 10.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Adrian Engels</p> <p>Mailing Address 2523 E Oak Grove Dr</p> <hr/> <p>City State Zip Code Sandy UT 84092</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Coventry Health Care Inc. Occupation: Supervisor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2010</p> <p>Transaction ID: A2010-3030117</p> <p>Amount of Each Receipt this Period 10.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Adrian Engels</p> <p>Mailing Address 2523 E Oak Grove Dr</p> <hr/> <p>City State Zip Code Sandy UT 84092</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: Coventry Health Care Inc. Occupation: Supervisor</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2010</p> <p>Transaction ID: A2010-3030144</p> <p>Amount of Each Receipt this Period 10.00</p>
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SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 29
(check only one)

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

A.

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

Mailing Address 5002 Cedar Croft Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1218.00

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

Transaction ID: A2010-2858584

Amount of Each Receipt this Period
58.00

B.

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

Mailing Address 5002 Cedar Croft Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1276.00

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

Transaction ID: A2010-3030140

Amount of Each Receipt this Period
58.00

C.

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

Mailing Address 5002 Cedar Croft Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1334.00

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

Transaction ID: A2010-3030168

Amount of Each Receipt this Period
58.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Greg Hale	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 1615 William Penn Drive #21E	Transaction ID: A2010-2858560
	City Naperville State IL Zip Code 60563	Amount of Each Receipt this Period 14.04
	FEC ID number of contributing federal political committee. C	
	Name of Employer Coventry Health Care Inc. Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.84	

B.	Full Name (Last, First, Middle Initial) Greg Hale	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 1615 William Penn Drive #21E	Transaction ID: A2010-3030116
	City Naperville State IL Zip Code 60563	Amount of Each Receipt this Period 14.04
	FEC ID number of contributing federal political committee. C	
	Name of Employer Coventry Health Care Inc. Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.88	

C.	Full Name (Last, First, Middle Initial) Greg Hale	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 1615 William Penn Drive #21E	Transaction ID: A2010-3030143
	City Naperville State IL Zip Code 60563	Amount of Each Receipt this Period 14.04
	FEC ID number of contributing federal political committee. C	
	Name of Employer Coventry Health Care Inc. Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.92	

SUBTOTAL of Receipts This Page (optional)	▶	42.12
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Janet Hamner
 Mailing Address 10219 Pemcrest
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00
 Date of Receipt 10 / 15 / 2010
Transaction ID: A2010-2858585
 Amount of Each Receipt this Period 39.00

B. Full Name (Last, First, Middle Initial)
Janet Hamner
 Mailing Address 10219 Pemcrest
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00
 Date of Receipt 10 / 29 / 2010
Transaction ID: A2010-3030141
 Amount of Each Receipt this Period 39.00

C. Full Name (Last, First, Middle Initial)
Janet Hamner
 Mailing Address 10219 Pemcrest
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 897.00
 Date of Receipt 11 / 12 / 2010
Transaction ID: A2010-3030169
 Amount of Each Receipt this Period 39.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 6140 Moss Rose Lane

City State Zip Code
Aubrey TX 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

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

Transaction ID: A2010-2858565

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 6140 Moss Rose Lane

City State Zip Code
Aubrey TX 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
440.00

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

Transaction ID: A2010-3030121

Amount of Each Receipt this Period
20.00

C.

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

Mailing Address 6140 Moss Rose Lane

City State Zip Code
Aubrey TX 76227

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

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

Transaction ID: A2010-3030148

Amount of Each Receipt this Period
20.00

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

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

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

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

FOR LINE NUMBER: PAGE 16 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 5104 Remington Road

City State Zip Code
San Diego CA 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1225.00

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

Transaction ID: A2010-2858570

Amount of Each Receipt this Period
25.00

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

Mailing Address 5104 Remington Road

City State Zip Code
San Diego CA 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

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

Transaction ID: A2010-3030126

Amount of Each Receipt this Period
25.00

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

Mailing Address 5104 Remington Road

City State Zip Code
San Diego CA 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1275.00

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

Transaction ID: A2010-3030153

Amount of Each Receipt this Period
25.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 29
(check only one)

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

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

A.

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

Mailing Address 1549 Virginia Avenue

City State Zip Code
Monaca PA 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

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

Transaction ID: A2010-2858567

Amount of Each Receipt this Period
25.00

B.

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

Mailing Address 1549 Virginia Avenue

City State Zip Code
Monaca PA 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: A2010-3030123

Amount of Each Receipt this Period
25.00

C.

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

Mailing Address 1549 Virginia Avenue

City State Zip Code
Monaca PA 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

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

Transaction ID: A2010-3030150

Amount of Each Receipt this Period
25.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 29
(check only one)

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

A.

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

Mailing Address 234 Overbrook Road

City State Zip Code
Valencia PA 16059

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1218.00

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

Transaction ID: A2010-2858581

Amount of Each Receipt this Period
58.00

B.

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

Mailing Address 234 Overbrook Road

City State Zip Code
Valencia PA 16059

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1276.00

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

Transaction ID: A2010-3030137

Amount of Each Receipt this Period
58.00

C.

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

Mailing Address 234 Overbrook Road

City State Zip Code
Valencia PA 16059

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1334.00

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

Transaction ID: A2010-3030165

Amount of Each Receipt this Period
58.00

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sabrina Rajendran
Mailing Address 111 Patrick Avenue
City Willow Springs State IL Zip Code 60480
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00
Date of Receipt 10 / 15 / 2010
Transaction ID: A2010-2858578
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Sabrina Rajendran
Mailing Address 111 Patrick Avenue
City Willow Springs State IL Zip Code 60480
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 10 / 29 / 2010
Transaction ID: A2010-3030134
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Sabrina Rajendran
Mailing Address 111 Patrick Avenue
City Willow Springs State IL Zip Code 60480
FEC ID number of contributing federal political committee. **C**
Name of Employer Coventry Health Care Inc. Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 575.00
Date of Receipt 11 / 12 / 2010
Transaction ID: A2010-3030161
Amount of Each Receipt this Period 25.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 29

(check only one)

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

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

A.

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

Mailing Address 12915 Grant Street
Suite 450

City State Zip Code
Overland Park KS 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00

Date of Receipt

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

Transaction ID: A2010-2858574

Amount of Each Receipt this Period

30.00

B.

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

Mailing Address 12915 Grant Street
Suite 450

City State Zip Code
Overland Park KS 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

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

Transaction ID: A2010-3030130

Amount of Each Receipt this Period

30.00

C.

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

Mailing Address 12915 Grant Street
Suite 450

City State Zip Code
Overland Park KS 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 690.00

Date of Receipt

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

Transaction ID: A2010-3030157

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional) ▶

90.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 5393 Bothe Avenue

City San Diego State CA Zip Code 92122

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 15 / 2010

Transaction ID: A2010-2858564

Amount of Each Receipt this Period 40.00

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

Mailing Address 5393 Bothe Avenue

City San Diego State CA Zip Code 92122

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 880.00

Date of Receipt 10 / 29 / 2010

Transaction ID: A2010-3030120

Amount of Each Receipt this Period 40.00

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

Mailing Address 5393 Bothe Avenue

City San Diego State CA Zip Code 92122

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 12 / 2010

Transaction ID: A2010-3030147

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 29
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Rebecca Sanborn	Date of Receipt MM / DD / YYYY 10 / 15 / 2010
	Mailing Address 40 Calverton Road Suite 450	Transaction ID: A2010-2858577
	City State Zip Code St. Louis MO 63135	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Coventry Health Care Inc. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

B.	Full Name (Last, First, Middle Initial) Rebecca Sanborn	Date of Receipt MM / DD / YYYY 10 / 29 / 2010
	Mailing Address 40 Calverton Road Suite 450	Transaction ID: A2010-3030133
	City State Zip Code St. Louis MO 63135	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Coventry Health Care Inc. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00	

C.	Full Name (Last, First, Middle Initial) Rebecca Sanborn	Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 40 Calverton Road Suite 450	Transaction ID: A2010-3030160
	City State Zip Code St. Louis MO 63135	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Coventry Health Care Inc. Occupation Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Daniel Scherr		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 4679 Shelley Lane		Transaction ID: A2010-2858559
City Ellicott City	State MD	Zip Code 21043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) Daniel Scherr		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 4679 Shelley Lane		Transaction ID: A2010-3030115
City Ellicott City	State MD	Zip Code 21043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) Daniel Scherr		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
Mailing Address 4679 Shelley Lane		Transaction ID: A2010-3030142
City Ellicott City	State MD	Zip Code 21043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Ann Stoepfelwerth		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 4360 S. Victor Avenue		Transaction ID: A2010-2858583
City Tulsa	State OK	Zip Code 74105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.00	

B.

Full Name (Last, First, Middle Initial) Ann Stoepfelwerth		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 4360 S. Victor Avenue		Transaction ID: A2010-3030139
City Tulsa	State OK	Zip Code 74105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 836.00	

C.

Full Name (Last, First, Middle Initial) Ann Stoepfelwerth		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
Mailing Address 4360 S. Victor Avenue		Transaction ID: A2010-3030167
City Tulsa	State OK	Zip Code 74105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 874.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Jerome Wall		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 8601 Breezewood Dr. Suite 450		Transaction ID: A2010-2858575
City Pittsburgh	State PA	Zip Code 63128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) Jerome Wall		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 8601 Breezewood Dr. Suite 450		Transaction ID: A2010-3030131
City Pittsburgh	State PA	Zip Code 63128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) Jerome Wall		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
Mailing Address 8601 Breezewood Dr. Suite 450		Transaction ID: A2010-3030158
City Pittsburgh	State PA	Zip Code 63128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Joseph Winn		Date of Receipt
Mailing Address 14022 Jump Drive		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
Germantown	MD	20874
FEC ID number of contributing federal political committee.		Transaction ID: A2010-2858582
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="525.00"/>	

B.

Full Name (Last, First, Middle Initial) Joseph Winn		Date of Receipt
Mailing Address 14022 Jump Drive		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
Germantown	MD	20874
FEC ID number of contributing federal political committee.		Transaction ID: A2010-3030138
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="550.00"/>	

C.

Full Name (Last, First, Middle Initial) Joseph Winn		Date of Receipt
Mailing Address 14022 Jump Drive		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
City	State	Zip Code
Germantown	MD	20874
FEC ID number of contributing federal political committee.		Transaction ID: A2010-3030166
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="575.00"/>	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 29
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Rachel Zektser		Date of Receipt MM / DD / YYYY 10 / 15 / 2010
Mailing Address 2002 William Franklin Drive Suite 450		Transaction ID: A2010-2858576
City Frederick	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.

Full Name (Last, First, Middle Initial) Rachel Zektser		Date of Receipt MM / DD / YYYY 10 / 29 / 2010
Mailing Address 2002 William Franklin Drive Suite 450		Transaction ID: A2010-3030132
City Frederick	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.

Full Name (Last, First, Middle Initial) Rachel Zektser		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
Mailing Address 2002 William Franklin Drive Suite 450		Transaction ID: A2010-3030159
City Frederick	State MD	Zip Code 21702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	1816.12

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 29

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

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

A.

Full Name (Last, First, Middle Initial)

J.P. Morgan Bank

Mailing Address P.O. Box 260180

City State Zip Code
Baton Rouge LA 70826

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: DC District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B373264

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

21.92

SUBTOTAL of Disbursements This Page (optional)

21.92

TOTAL This Period (last page this line number only)

21.92

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 29

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

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

A.

Full Name (Last, First, Middle Initial)
Fitzpatrick for Congress

Transaction ID: B371046

Date of Disbursement

Mailing Address P.O. Box 185

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

City Langhorne State PA Zip Code 19047

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Michael Fitzpatrick

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

500.00
